

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000011829

1. Entity Name
JOHN SHAW MASONRY, LLC



Principal Place of Business
**2555 N.E. CHILTON ROAD
AVON PARK, FL 33825**

Mailing Address
**2555 N.E. CHILTON ROAD
AVON PARK, FL 33825**



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0601601

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAW, JOHN
2555 N.E. CHILTON ROAD
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Shaw
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000706622
04/24/07-80040-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHAW, JOHN
STREET ADDRESS	2555 N.E. CHILTON ROAD
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

John Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.10.07

Date

863.449.2341

Daytime Phone #