

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 24, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L05000022238**

1. Entity Name  
**LA SHIRRACA, LLC**



Principal Place of Business

**1200 PLANTATION ISLAND DR. SOUTH  
230  
ST. AUGUSTINE, FL 32080**

Mailing Address

**1200 PLANTATION ISLAND DR. SOUTH  
230  
ST. AUGUSTINE, FL 32080**



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2436725**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KRESGE, KENNETH R  
1200 PLANTATION ISLAND DR. SOUTH  
230  
ST. AUGUSTINE, FL 32080**

**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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRESGE, KENNETH R  
1200 PLANTATION ISLAND DR. SOUTH #230  
ST. AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MASTERS, TIMOTHY  
1200 PLANTATION ISLAND DR. SOUTH #230  
ST. AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHANK, THOMAS  
1200 PLANTATION ISLAND DR. SOUTH #230  
ST. AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000600707  
01/26/07-80020-022 50.00

**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 \_\_\_\_\_

*Kenneth Kresge* Member

1/17/07