

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024843

Entity Name: SHANNON KINGERY, LLC

FILED  
Jan 11, 2006  
Secretary of State

**Current Principal Place of Business:**

6312 BUFORD ST.  
#506  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1343  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINGERY, SHANNON R  
6312 BUFORD ST.  
#506  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KINGERY, SHANNON R  
Address: 6312 BUFORD ST.  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM ( ) Delete  
Name: KINGERY, CHRISTINE A  
Address: 4201 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANNON KINGERY

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date