

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027166

**Entity Name:** SHAWN KELLY STREIB, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

709 GULFWAY  
SUITE 200  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

709 GULFWAY  
SUITE 200  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

FEI Number: 20-2531433      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

STREIB, SHAWN K  
3575 BELLE VISTA DR.EAST  
ST. PETE BEACH, FL 33706 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: MGR  
Name: STREIB, SHAWN K  
Address: 3575 BELLE VISTA DR. EAST  
City-St-Zip: ST. PETE BEACH, FL 33706

I hereby 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: SHAWN KELLY STREIB

MGR

04/30/2010

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