

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000046593

1. Entity Name
SHANNON'S CROSSING, LLC



Principal Place of Business
19308 S.W. 380TH STREET
FLORIDA CITY, FL 33034

Mailing Address
P.O. BOX 343529
HOMESTEAD, FL 33034



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4733062

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIRK, STEVEN
19308 SOUTHWEST 380TH STREET
FLORIDA CITY, FL 33034

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000874536
04/10/08-80123-003 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KIRK, STEVEN
STREET ADDRESS	19308 SOUTHWEST 380TH STREET
CITY-STATE-ZIP	FLORIDA CITY, FL 33034
TITLE	V
NAME	JENSEN, ROBERT
STREET ADDRESS	18640 SW 295TH TERRACE
CITY-STATE-ZIP	HOMESTEAD, FL 33032
TITLE	ST
NAME	LOPEZ, ARTURO
STREET ADDRESS	778 WEST PALM DR
CITY-STATE-ZIP	FLORIDA CITY, FL 33034
TITLE	MGRM
NAME	EVERGLADES COMMUNITY ASSOCIATION, INC.
STREET ADDRESS	19308 SW 380TH ST
CITY-STATE-ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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: _____

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

Date

Daytime Phone #

March 19, 2008

305-242-2142