

245-6051
**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-03-2006 90064 050 ****55.00

DOCUMENT # L05000048799

1. Entity Name
SHAWN BEELER ENTERPRISES LLC



Principal Place of Business
 1453 SOPCHOPPY HWY
 SOPCHOPPY, FL 32358

Mailing Address
 1453 SOPCHOPPY HWY
 SOPCHOPPY, FL 32358

00000444



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

03-0586788

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CRYSTAL
 1453 SOPCHOPPY HWY
 SOPCHOPPY, FL 32358

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
 NAME BEELER, SHAWN
 STREET ADDRESS 1453 SOPCHOPPY HWY
 CITY-ST-ZIP SOPCHOPPY, FL 32358

TITLE MGRM ☐ Delete
 NAME JOHNSON, CRYSTAL
 STREET ADDRESS 1453 SOPCHOPPY HWY
 CITY-ST-ZIP SOPCHOPPY, FL 32358

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-28-06

Date

850 962-9983

Daytime Phone #