

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000048799

1. Entity Name
SHAWN BEELER ENTERPRISES LLC



FILED

08 APR 23 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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**

9. MANAGING MEMBERS/MANAGERS

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

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

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NAME
STREET ADDRESS
CITY- ST- ZIP

500125302055
04/23/08--01015--016 **138.75

500125302055
04/23/08--01015--017 **5.00

**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

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

5-23-08

Date

850 528 1017

Daytime Phone #