

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059902

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** SHAYNE ANTHONY DEMINT, LLC

**Current Principal Place of Business:**

1012 MARLIN LAKES CIRCLE, APT. 611  
SARASOTA, FL 34232

**New Principal Place of Business:**

1012 MARLIN LAKES CIRCLE  
611  
SARASOTA, FL 34232

**Current Mailing Address:**

1012 MARLIN LAKES CIRCLE, APT. 611  
SARASOTA, FL 34232

**New Mailing Address:**

1012 MARLIN LAKES CIRCLE  
611  
SARASOTA, FL 34232

FEI Number: 20-8187930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMINT, SHAYNE A  
1012 MARLIN LAKES CIRCLE, APT. 611  
SARASOTA, FL 34232 US

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

DEMINT, SHAYNE A  
1012 MARLIN LAKES CIRCLE  
611  
SARASOTA, FL 34232 US

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: SHAYNE DEMINT

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEMINT, SHAYNE A  
Address: 1012 MARLIN LAKES CIRCLE, APT. 611  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEMINT, SHAYNE A  
Address: 1012 MARLIN LAKES CIRCLE APT. 611  
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify 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: SHAYNE DEMINT

MGRM

04/30/2007

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