

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060598

Entity Name: SHAW'S SERVICES, LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

349 OLD PLANTATION DRIVE
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

349 OLD PLANTATION DRIVE
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 20-3013007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, JASON
349 OLD PLANTATION DRIVE
ST. AUGUSTINE, FL 32086 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 () Delete
Name: SHAW, JASON
Address: 349 OLD PLANTATION DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAW, JASON
Address: 349 OLD PLANTATION DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGR () Change (X) Addition
Name: SHAW, VANESSA
Address: 349 OLD PLANTATION
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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: JASON SHAW

MGRM

01/09/2008

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