


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90083 013 \*\*\*\*50.00

<b>DOCUMENT # L05000066604</b> 1. Entity Name <b>SHANNON D. MARKS AND ASSOCIATES, LLC</b>					
Principal Place of Business <b>1724 IMPERIAL PALM DRIVE APOPKA, FL 32712</b>			Mailing Address <b>1724 IMPERIAL PALM DRIVE APOPKA, FL 32712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MILLER, SOUTH, MILHAUSEN & CARR, P.A. C/O RICHARD D. BAXTER, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789		Name <b>Miller, South &amp; Milhausen, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Richard D. Baxter, Esq.</b> <b>1000 Legion Place, Suite 1200</b> City <b>Orlando,</b> <b>FL</b> Zip Code <b>32801</b>			
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 <u><i>[Signature]</i></u> <u><i>Attorney</i></u> <u><i>1/10/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MARKS, SHANNON D</b> <b>1724 IMPERIAL PALM DRIVE</b> <b>APOPKA, FL 32712</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><i>1/27/06</i></u> <small>Date</small>		<u><i>407-341-5593</i></u> <small>Daytime Phone #</small>

20004914



01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3106799**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

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**SIGNATURE:** *[Signature]* *1/27/06* *407-341-5593*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #