

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070003

Entity Name: SHENTON ENTERPRISES, LLC

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

389 W. ALFRED STREET
TAVARES, FL 32778

New Principal Place of Business:

383 W. ALFRED STREET
TAVARES, FL 32778

Current Mailing Address:

389 W. ALFRED STREET
TAVARES, FL 32778

New Mailing Address:

383 W. ALFRED STREET
TAVARES, FL 32778

FEI Number: 20-3781736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHENTON, ALLEN
389 W. ALFRED STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

SHENTON, ALLEN
383 W. ALFRED STREET
TAVARES, FL 32778 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:

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHENTON, ALLEN
Address: 389 W. ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: MGRM () Delete
Name: SHENTON, IRIS
Address: 389 W. ALFRED STREET
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHENTON, ALLEN
Address: 383 W. ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: MGRM (X) Change () Addition
Name: SHENTON, IRIS
Address: 383 W. ALFRED STREET
City-St-Zip: TAVARES, FL 32778

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: ALLEN SHENTON

MR

04/02/2008

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