

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90051 040 ****50.00

DOCUMENT # L05000096882

1. Entity Name
SHITCANIT LLC



Principal Place of Business
**1548 CAMELLIA CT
LAKE PLACID, FL 33852**

Mailing Address
**1548 CAMELLIA CT
LAKE PLACID, FL 33852**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1546 Camellia Court

1546 Camellia Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Lake Placid, FL

Lake Placid, FL

Zip

Country

Zip

Country

33852

Highlands

33852

Highlands

4. FEI Number

74-3165264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUEPPEL, WILLIAM L
1548 CAMELLIA CT.
LAKE PLACID, FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

1546 Camellia Court

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUEPPEL, WILLIAM L
1548 CAMELLIA CT.
LAKE PLACID, FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1546 Camellia Court ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUPPEL, TAMMY
1548 CAMELLIA CT
LAKE PLACID, FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1546 Camellia Court ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☒ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #