2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000096882

1. Entity Name

SHITCANIT LLC

Principal Place of Business	Mailing Address
1546 CAMELLIA CT LAKE PLACID, FL 33852	1546 CAMELLIA CT LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

04172008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
74-3165264	Not Applicable

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

6. Name and Address of Current Registered Agent

SUEPPEL, WILLLIAM L
1546 CAMELLIA CT.
LAKE PLACID, FL 33852

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IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SUEPPEL, WILLIAM L
STREET ADDRESS	1546 CAMELLIA COURT
CITY-ST-ZIP	LAKE PLACID, FL 33852

TITLE	MGR
NAME	SUPPEL, TAMMY
STREET ADDRESS	1546 CAMELLIA COURT
CITY-ST-ZIP	LAKE PLACID, FL 33852

TITLE	
NAME	
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CITY-ST-ZIP	

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05/23/08-80101-008 138.75

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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.

SIGNATURE: 4/21/08   8634414748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #