

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 044 ***138.75

60007731



DOCUMENT # L05000097016 1. Entity Name SHAMOO RACING, LLC			
Principal Place of Business 605 BONITO AVE NOKOMIS, FL 34275		Mailing Address 605 BONITO AVE NOKOMIS, FL 34275	
2. Principal Place of Business - No P.O. Box # 108 Candyce DR.		3. Mailing Address 108 Candyce DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Osprey, FL		City & State Osprey, FL	
Zip 34229		Zip 34229	
Country 		Country 	
4. FEI Number 20-3520456		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAF, CHARLES G 605 BONITO AVE NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAF, CHARLES G 605 BONITO AVE NOKOMIS, FL 34275	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAF, ELAINE S 605 BONITO AVE NOKOMIS, FL 34275	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAF, ELAINE S 108 CANDYCE DR. OSPREY, FL 34229	<input type="checkbox"/> Delete	<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.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2-4-08 Daytime Phone 941-320-7165	