

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100284

Entity Name: SHANE LALIBERTE LIFT LLC

FILED  
May 04, 2011  
Secretary of State

**Current Principal Place of Business:**

6449 ADAM STREET  
SAINT CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 700173  
SAINT CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 26-1735148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LALIBERTE, REBECCA A  
6449 ADAM STREET  
SAINT CLOUD, FL 34771    US

**Name and Address of New Registered Agent:**

LALIBERTE, SHANE W  
6449 ADAM STREET  
SAINT CLOUD, FL 34771    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: SHANE LALIBERTE

05/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LALIBERTE, SHANE W  
Address: 6449 ADAM STREET  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby 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: SHANE LALIBERTE

OWNE

05/04/2011

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