

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90272 015 \*\*\*\*50.00

**DOCUMENT # L05000110847**

1. Entity Name  
**HOWARD & SHAW ENGINEERING, LLC**



Principal Place of Business  
**5001 NINTH AVE NORTH  
ST PETERSBURG, FL 33710**

Mailing Address  
**5001 NINTH AVE NORTH  
ST PETERSBURG, FL 33710**

**40097084**



2. Principal Place of Business

**6865 19th St. S.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-LLC CR2E083 (11/05)

City & State

**St. Petersburg, FL**

City & State

4. FEI Number

**20-3840469**

Applied For

Not Applicable

Zip

**33712**

Country

**USA**

Zip

**33712**

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, BEVERLY T ESQ  
5001 NINTH AVE NORTH  
ST PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name

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

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HOWARD, TREVOR  
6865 19TH STREET SOUTH  
ST PETERSBURG, FL 33712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHAW, PETER  
6865 19TH STREET SOUTH  
ST PETERSBURG, FL 33712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:**

*Peter P. Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**6/22/06**

Date

**727-490-1784**

Daytime Phone #

## ATTACHMENT

40097084  
~~#205000110847~~

Dear Sir/madame:

I am sorry we're  
late, the notice was  
misplaced. We are  
a new company and  
we are not quite  
organized yet.

Sincerely, Pete Shaw