

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027182

FILED
Jul 08, 2008
Secretary of State

Entity Name: SHANNON'S MOVING SERVICES LLC

Current Principal Place of Business:

100 REDWOOD CIR
101
PENSACOLA, FL 32506

New Principal Place of Business:

9741 FOWLER AVE
PENSACOLA, FL 32534

Current Mailing Address:

912 W MICHIGAN AVE
PENSACOLA, FL 32505

New Mailing Address:

9741 FOWLER AVE
PENSACOLA, FL 32534

FEI Number: 20-4489806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROCKWELL ACCOUNTING LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHANNON, TERENCE
Address: 100 REDWOOD CIR
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM () Delete
Name: PRICE, GWEN
Address: 1878 E NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHANNON, TERENCE
Address: 9741 FOWLER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TERENCE SHANNON

MGRM

07/08/2008

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