

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039347

Entity Name: SARAH MASHBURN, LLC

**FILED**  
**Mar 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

15401 MORNING DRIVE  
LUTZ, FL 33559

**New Principal Place of Business:**

6028 BLUE SAGE DRIVE  
LAND O'LAKES, FL 34639

**Current Mailing Address:**

4202 E FOWLER AVE USF30351  
TAMPA, FL 33620

**New Mailing Address:**

30351 USF HOLLY DRIVE  
TAMPA, FL 33620

FEI Number: 20-4740316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASHBURN, SARAH M  
15401 MORNING DR  
LUTZ, FL 33559 US

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

MASHBURN, SARAH M  
6028 BLUE SAGE DRIVE  
LAND O'LAKES, FL 34639 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: SARAH MASHBURN

03/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MASHBURN, SARAH M  
Address: 4202 E FOWLER AVE USF30351  
City-St-Zip: TAMPA, FL 33620

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MASHBURN, SARAH M  
Address: 30351 USF HOLLY DRIVE  
City-St-Zip: TAMPA, FL 33620

I hereby certify that the information supplied with this filing does not qualify for the 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: SARAH MASHBURN

MGR

03/19/2007

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