2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000058291

1. Entity Name
LISA SHAW ATKINSON, LLC

Principal Place of Business	Mailing Address
2911 S. HIGHWAY 77 LYNN HAVEN, FL 32444	2911 S. HIGHWAY 77 LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC

4. FEI Number
20-5067353

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW-ATKINSON, LISA
2911 S. HIGHWAY 77
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000009080ED
05/06/08-80015-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHAW-ATKINSON, LISA
STREET ADDRESS	2911 S. HIGHWAY 77
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE: Lisa Shaw Atkinson 4/16/08 (850) 819-5381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #