

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000058291

**Entity Name:** LISA SHAW ATKINSON, LLC

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2911 S. HIGHWAY 77  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

2911 S. HIGHWAY 77  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 20-5067353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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  
Name: SHAW-ATKINSON, LISA  
Address: 2911 S. HIGHWAY 77  
City-St-Zip: LYNN HAVEN, FL 32444

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: LISA SHAW ATKINSON

MGRM

02/03/2011

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