

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 04, 2009
Secretary of State**

DOCUMENT# L06000059521

Entity Name: SHAWN KYLE & ASSOCIATES, LLC

Current Principal Place of Business:

3540 TIGER CREEK TRAIL
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

3540 TIGER CREEK TRAIL
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 22-3938594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKES, RENEE
3540 TIGER CREEK TRAIL
LAKE WALES, FL 33898 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: MGR () Delete
Name: WILKES, RENEE
Address: 3540 TIGER CREEK TRAIL
City-St-Zip: LAKE WALES, FL 33898

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: D () Change (X) Addition
Name: WILKES, JONATHAN K
Address: 3540 TIGER CREEK TRAIL
City-St-Zip: LAKE WALES, FL 33898

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: RENEE WILKES

MGR

02/04/2009

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