

**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