


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90113 017 ****50.00

DOCUMENT # L06000063103

1. Entity Name
 SHARE MEMORIES, LLC



Principal Place of Business
 7745 MARKHAM BEND PLACE
 SANFORD, FL 32771 US

Mailing Address
 7745 MARKHAM BEND PLACE
 SANFORD, FL 32771 US

40123889



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 7025 COUNTY ROAD 46A
 Suite, Apt. #, etc.
 SUITE 1071 # 326

Suite, Apt. #, etc.

City & State
 LAKE MARY, FL

Zip
 32746

Country
 SEMINOLE

06302007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

JACKSON, KRISTEN M
 1515 INTERNATIONAL PARKWAY
 1019
 LAKE MARY, FL 32476

4. FEI Number
 205083298

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, BLAKE 7745 MARKHAM BEND PLACE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: Blake Kelley **BLAKE KELLEY** 7/2/07 407-754-4678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #