

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084476

Entity Name: SHAWPER LLC

FILED
Aug 26, 2009
Secretary of State

Current Principal Place of Business:

6604 N DAVIS HWY
PENSACOLA, FL 32504

New Principal Place of Business:

6454 WATERMARK COVE
GULF BREEZE, FL 32563

Current Mailing Address:

6604 N DAVIS HWY
PENSACOLA, FL 32504

New Mailing Address:

6454 WATERMARK COVE
GULF BREEZE, FL 32563

FEI Number: 22-3941387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERDUE, SHAWN A
6454 WATERMARK COVE
GULF BREEZE, FL 32563 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: PERDUE, KRISTINE
Address: 6454 WATERMARK COVE
City-St-Zip: GULF BREEZE, FL 32563 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERDUE, SHAWN A OWNER
Address: 6454 WATERMARK COVE
City-St-Zip: GULF BREEZE, FL 32563

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: SHAWN PERDUE

MGR

08/26/2009

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