

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-08-2007 90144 023 ****50.00

DOCUMENT # L06000087497 1. Entity Name SHIRWHIT L.L.C.					
Principal Place of Business 122 S. DILLINGHAM AVENUE KISSIMMEE FL 34741			Mailing Address 122 S. DILLINGHAM AVENUE KISSIMMEE FL 34741		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3188541	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SHIRAH, TIM 122 S. DILLINGHAM AVENUE KISSIMMEE FL 34741			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 _____ Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SHIRAH, TIM 122 S. DILLINGHAM AVENUE KISSIMMEE FL 34741	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

1. I HEREBY CERTIFY THAT THIS REPORT WAS PREPARED BY THE PERSON WHOSE NAME IS LISTED AS THE REGISTERED AGENT OF THE ENTITY.

1st MOORE CR2E083 (10/06)