


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90181 047 *****55.00

DOCUMENT # L06000099642	
1. Entity Name SHALMAC, LLC	

Principal Place of Business 1960 BAYOU BOULEVARD PENSACOLA, FL 32503	Mailing Address PSC 475 BOX 1445 FPO AP, 96350
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2. Principal Place of Business - No P.O. Box # <i>NO CHANGE</i> NA 1960 Bayou Blvd.	3. Mailing Address <i>NO CHANGE</i> NA PSC 475 Box 1445
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State FPO AP
Zip 32503	Country USA
Country USA	Zip 96350



01212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5703707	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACAVOY, THOMAS D 1960 BAYOU BOULEVARD PENSACOLA, FL 32503	
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 registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas D. MacAvoy* **2/16/2007 (732) 579-8670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #