

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90027 007 ***138.75

DOCUMENT # L06000099664

1. Entity Name
SH ADVISORS, LLC



Principal Place of Business
1001 E. TELECOM DRIVE
BOCA RATON, FL 33431

Mailing Address
1001 E. TELECOM DRIVE
BOCA RATON, FL 33431



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5804908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SILVER, LARRY D
STREET ADDRESS	1001 E. TELECOM DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CEO
NAME	SILVER, LARRY D
STREET ADDRESS	1001 E. TELECOM DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	HONAKER, B. JUDSON JR.
STREET ADDRESS	1201 CENTRAL PARK BLVD.
CITY-ST-ZIP	FREDERICKSBURG, VA 22401
TITLE	P
NAME	HONAKER, B. JUDSON JR.
STREET ADDRESS	1201 CENTRAL PARK BLVD.
CITY-ST-ZIP	FREDERICKSBURG, VA 22401
TITLE	CFO
NAME	HOLSHOUSER, JESSE A
STREET ADDRESS	1001 EAST TELECOM DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jesse A. Holshouser, CFO 4/6/08 561-981-5252