

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107917

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** THE SHOP--MARLENE OBERST, LLC

**Current Principal Place of Business:**

210 CHOLOKKA BOULEVARD  
MICANOPY, FL 32667

**New Principal Place of Business:**

210 CHOLOKKA BOULEVARD  
MICANOPY, FL 32667 US

**Current Mailing Address:**

2516 NW 22ND TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

2516 NW 22ND TERRACE  
GAINESVILLE, FL 32605 US

**FEI Number:** 20-5882132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OBERST, MICHAEL  
2516 NW 22ND TERRACE  
GAINESVILLE, FL 32605 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: MGRM  
Name: OBERST, MARLENE  
Address: 2516 NW 22ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby 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: MARLENE OBERST

MGRM

02/16/2011

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