

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000117694

1. Entity Name

JEAN SHEAHEN ENTERPRISES, L.L.C.



Principal Place of Business

4435 40TH ST S
ST PETERSBURG, FL 33711

Mailing Address

4435 40TH ST S
ST PETERSBURG, FL 33711

FILED

**Jul 16, 2008 08:00 AM
Secretary of State**



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5951906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHEAHEN, JEAN A
4435 40TH ST S
ST PETERSBURG, FL 33711

**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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955315
07/16/08-80011-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHEAHEN, JEAN A
STREET ADDRESS	4435 40TH ST S
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	MGR
NAME	SHEAHEN, ROGER N
STREET ADDRESS	4435 40TH ST S
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Jean A. Sheahan* (JEAN A. SHEAHEN)

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

Date

Daytime Phone #

7/14/08 727-864-2342