

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047083

Entity Name: SHIRMAC OF FLORIDA, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

13550 SW AIRPORT ROAD  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 688  
CEDAR KEY, FL 32625

**New Mailing Address:**

FEI Number: 11-3815630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCJORDAN, WALTON  
13550 SW AIRPORT ROAD  
CEDAR KEY, FL 32625 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 ( ) Delete  
Name: MCJORDAN, WALTON  
Address: 13550 SW AIRPORT ROAD  
City-St-Zip: CEDAR KEY, FL 32625

Title: MGRM ( ) Delete  
Name: MCJORDAN, BARBARA  
Address: 13550 SW AIRPORT ROAD  
City-St-Zip: CEDAR KEY, FL 32625

Title: MGRM ( ) Delete  
Name: MCJORDAN, DOUGLAS  
Address: 13550 SW AIRPORT ROAD  
City-St-Zip: CEDAR KEY, FL 32625

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WALTON MCJORDAN

PRES

04/14/2009

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