

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059574

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SHIELDS CONSTRUCTION, LLC

**Current Principal Place of Business:**

5971 SHADY REST ROAD  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

5971 SHADY REST ROAD  
HAVANA, FL 32333

**New Mailing Address:**

FEI Number: 75-3245537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIELDS, DON D  
5971 SHADY REST ROAD  
HAVANA, FL 32333 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: MGR ( ) Delete  
Name: SHIELDS, DON D  
Address: 5971 SHADY REST ROAD  
City-St-Zip: HAVANA, FL 32333

Title: MGR ( ) Delete  
Name: SHIELDS, JEREMY  
Address: 175 CARIB DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Delete  
Name: SHIELDS, JOSHUA D  
Address: 5971 SHADY REST ROAD  
City-St-Zip: HAVANA, FL 32333

**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: DON D. SHIELDS

MGR

04/21/2009

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