

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068439

FILED
Sep 02, 2008
Secretary of State

Entity Name: SHAW CONSULTING, LLC.

Current Principal Place of Business:

1820 SW 1ST STREET
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 211763
EAGAN, MN 55121 US

New Mailing Address:

FEI Number: 26-0450050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAW, ERI
1820 SW 1ST STREET
CAPE CORAL, FL 33991 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: SHAW, ERI
Address: 1105 DUCKWOOD TRAIL APT. 228
City-St-Zip: EAGAN, MN 55123 US

Title: MGRM () Delete
Name: SHAW, EDDIE
Address: 1105 DUCKWOOD TRAIL APT. 228
City-St-Zip: EAGAN, MN 55123 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAW, ERI
Address: 10875 ALISON WAY
City-St-Zip: INVER GROVE HEIGHTS, MN 55077 US

Title: MGRM (X) Change () Addition
Name: SHAW, EDDIE
Address: 10875 ALISON WAY
City-St-Zip: INVER GROVE HEIGHTS, MN 55077 US

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: ERI SHAW

MGRM

09/02/2008

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