

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072665

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** STACY SANDERS SHAUP, PHD., P.L.L.C.

**Current Principal Place of Business:**

9886 NW 6TH PLACE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

9886 NW 6TH PLACE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SANDERS SHAUP, STACY  
9886 NW 6TH PLACE  
PLANTATION, FL 33324    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:                     SANDERS SHAUP, STACY  
Address:                 9886 NW 6TH PLACE  
City-St-Zip:             PLANTATION, FL 33324 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: STACY SANDERS SHAUP                      DR.                      01/14/2010

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