

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082037

FILED
May 01, 2009
Secretary of State

Entity Name: SHOP FAMILIA, LLC

Current Principal Place of Business:

9420 BUNTING LANE
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1227
FORT PIERCE, FL 34954 US

New Mailing Address:

P. O. BOX 1227
FORT PIERCE, FL 34954

FEI Number: 26-0757257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BARTON, MARILYN C
9420 BUNTING LANE
FORT PIERCE, FL 34951 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: BARTON, MARILYN C
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM () Delete
Name: MEDINA, CORAZON
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM () Delete
Name: GAPAS, ERICA
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM () Delete
Name: PASCUAL, DIETHER O
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

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:

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: MARILYN C BARTON

MGRM

05/01/2009

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