

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090543

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: BETTY H SHINN, LLC

**Current Principal Place of Business:**

140 NORTH PENN AVENUE  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

140 NORTH PENN AVENUE  
LAKE ALFRED, FL 33850

**New Mailing Address:**

PO BOX 937  
LAKE ALFRED, FL 33850

FEI Number: 26-1346146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHINN, BETTY H  
140 NORTH PENN AVENUE  
LAKE ALFRED, FL 33850 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: SHINN, BETTY H  
Address: 142 N PENN AVENUE  
City-St-Zip: LAKE ALFRED, FL 33850

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHINN, BETTY H  
Address: 140 N PENN AVENUE  
City-St-Zip: LAKE ALFRED, FL 33850

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: BETTY H SHINN

MGR

04/07/2009

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