2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L07000115324

Entity Name: SHIBO, L.L.C.

Current Principal Place of Business:

801 US 27 NORTH
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

801 US 27 NORTH
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 26-1458251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEXLEY, GINA
358 US 27 NORTH
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

BEXLEY, GINA
801 US 27 NORTH
LAKE PLACID, FL 33852 US

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: GINA BEXLEY 04/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHIRLEY, LAURA P
Address: 48 LAKE JUNE IN WINTER DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: MGRM ( ) Delete
Name: BORING, LINDA
Address: 4031 SANTA BARBARA DR.
City-St-Zip: SEBRING, FL 33872

Title: MGRM ( ) Delete
Name: SHIRLEY, THOMAS C
Address: 48 LAKE JUNE IN WINTER DR.
City-St-Zip: LAKE PLACID, FL 33852

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: LAURA P. SHIRLEY MGR 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date