## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027357

Entity Name: MCSHANE LAW FIRM, PLLC

FILED Jan 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

401 E. LAS OLAS BLVD 4801 S. UNIVERSITY DRIVE **SUITE 1400** 

SUITE 219

FT. LAUDERDALE, FL 33301 DAVIE, FL 33328

**Current Mailing Address: New Mailing Address:** 

401 E. LAS OLAS BLVD 4801 S. UNIVERSITY DRIVE

**SUITE 1400** SUITE 219 FT. LAUDERDALE, FL 33301 DAVIE, FL 33328

FEI Number: 26-2315662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MCSHANE, JOANNE W MCSHANE, JOANNE W 410 E. LAS OLAS BLVD 4801 S. UNIVERSITY DRIVE SUITE 219 **SUITE 1400** 

FT. LAUDERDALE, FL 33301 US DAVIE, FL 33328 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: JOANNE W. MCSHANE 01/17/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: (X) Change ( ) Addition

MCSHANE, JOANNE W MCSHANE, JOANNE W Name: Name: Address: 401 E. LAS OLAS BLVD., SUITE 1400 Address: 4801 S. UNIVERSITY DRIVE, SUITE 219

City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: **DAVIE, FL 33328** 

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: JOANNE W. MCSHANE **MGRM** 01/17/2009