

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027357

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** MCSHANE LAW FIRM, PLLC

**Current Principal Place of Business:**

4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE, FL 33328

**New Principal Place of Business:**

4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE, FL 33328 US

**Current Mailing Address:**

4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE, FL 33328

**New Mailing Address:**

4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE, FL 33328 US

**FEI Number:** 26-2315662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCSHANE, JOANNE W  
4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE, FL 33328 US

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

MCSHANE, JOANNE ESQUIRE  
4801 S. UNIVERSITY DRIVE  
SUITE 219  
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 MCSHANE

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCSHANE, JOANNE ESQUIRE  
Address: 4801 S. UNIVERSITY DRIVE, SUITE 219  
City-St-Zip: DAVIE, FL 33328

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: JOANNE MCSHANE

MM

04/09/2010

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