

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027357

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 ESQUIRE  
4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE, FL 33328 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  
**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, ESQUIRE

MGRM

04/12/2011

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