

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034543

FILED
Apr 13, 2009
Secretary of State

Entity Name: SHENK MUSIC, LLC.

Current Principal Place of Business:

4216 DEERFIELD DR
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4216 DEERFIELD DR
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 26-2372836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ELIZABETH A. MILLER ACCOUNTING, INC.
5323 CORK OAK ST
SARASOTA, FL 34232 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: ELIZABETH A. MILLER

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHENK, RODNEY
Address: 4216 DEERFIELD DR.
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM () Delete
Name: SHENK, MARY JANE
Address: 4216 DEERFIELD DR
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHENK, RODNEY L
Address: 4216 DEERFIELD DR.
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM (X) Change () Addition
Name: SHENK, MARY JANE T
Address: 4216 DEERFIELD DR
City-St-Zip: SARASOTA, FL 34233 US

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: RODNEY L SHENK

MGRM

04/13/2009

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