

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058040

Entity Name: S.H.G.-1, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

353 SE ROGERS COURT
STUART, FL 34994

New Principal Place of Business:

3285 SW PORPOISE CIRCLE
STUART, FL 34997

Current Mailing Address:

353 SE ROGERS COURT
STUART, FL 34994

New Mailing Address:

3285 SW PORPOISE CIRCLE
STUART, FL 34997

FEI Number: 37-1568617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERSET, WAYNE A SR
353 SE ROGERS COURT
STUART, FL 34994 US

Name and Address of New Registered Agent:

SUMMERSET, WAYNE A SR
3285 SW PORPOISE CIRCLE
STUART, FL 34997 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:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUMMERSET, WAYNE A SR
Address: 353 SE ROGERS COURT
City-St-Zip: STUART, FL 34994

Title: MGR () Delete
Name: SUMMERSET, MARTINE
Address: 353 SE ROGERS COURT
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUMMERSET, WAYNE A SR
Address: 3285 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

Title: MGR (X) Change () Addition
Name: SUMMERSET, MARTINE
Address: 3285 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

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: WAYNE A. SUMMERSET

MGR

01/07/2009

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