

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077983

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** JOHN J. SHAW HOME IMPROVEMENTS LLC

**Current Principal Place of Business:**

3778 GROVE VIEW LANE  
PORT ORANGE, FL 31219

**New Principal Place of Business:**

3639 OLD HAMMOCK RD.  
PORT ORANGE, FL 31219

**Current Mailing Address:**

3778 GROVE VIEW LANE  
PORT ORANGE, FL 31219

**New Mailing Address:**

3639 OLD HAMMOCK RD.  
PORT ORANGE, FL 31219

**FEI Number:** 29-9764503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAW, JOHN J  
3778 GROVE VIEW LANE  
PORT ORANGE, FL 31219 US

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

SHAW, JOHN J  
3639 OLD HAMMOCK RD.  
PORT ORANGE, FL 31219 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:**

03/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHAW, JOHN J  
Address: 3778 GROVE VIEW LANE  
City-St-Zip: PORT ORANGE, FL 31219

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHAW, JOHN J  
Address: 36739 OLD HAMMOCK RD.  
City-St-Zip: PORT ORANGE, FL 31219

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:** JOHN J SHAW

MGR.

03/17/2009

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