

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091199

FILED
Jun 29, 2009
Secretary of State

Entity Name: SHAWN MARIE FRAMING ETCETERA, LLC

Current Principal Place of Business:

23 SANCHEZ AVENUE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

23 SANCHEZ AVENUE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

23 SANCHEZ AVENUE
ST. AUGUSTINE, FL 32080

New Mailing Address:

23 SANCHEZ AVENUE
ST. AUGUSTINE, FL 32084

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MULLIS, VICTORIA
23 SANCHEZ AVENUE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MULLIS, VICTORIA
23 SANCHEZ AVENUE
ST. AUGUSTINE, FL 32084 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:

06/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULLIS, VICTORIA
Address: 417 QUEEN ANNE COURT
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: ALLEN, SHAWN
Address: 1020 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: KLAFFKA, DAWN
Address: 417 QUEEN ANNE COURT
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ALLEN, SHAWN
Address: 23 SANCHEZ AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICTORIA MULLIS

MGRM

06/29/2009

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