

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047333

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MELODY A. SHEFFER, LLC

**Current Principal Place of Business:**

166 PINE TREE DR.  
DEBARY, FL 32713 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530053  
DEBARY, FL 32753 US

**New Mailing Address:**

**FEI Number:** 27-1329094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEFFER, MELODY  
166 PINE TREE DR.  
DEBARY, FL 32713 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: SHEFFER, MELODY  
Address: 166 PINE TREE DR.  
City-St-Zip: DEBARY, FL 32715 US

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: MELODY SHEFFER

MGRM

04/29/2011

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