

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083991

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SHARED INTEREST COMMUNITY SOLUTIONS, LLC

**Current Principal Place of Business:**

3548 WOODWARDS COVE CT  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

299 N. E. 3 STREET  
BOCA RATON, FL 33432

**Current Mailing Address:**

3548 WOODWARDS COVE CT.  
JACKSONVILLE, FL 32223

**New Mailing Address:**

P. O. BOX 806  
BOCA RATON, FL 33429

**FEI Number:** 27-1016093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWTON, CLIFFORD B ESQ  
CLIFFORD B NEWTON, P.A.  
10192 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 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:** MGR.  
**Name:** SHELLY, KAREN A MS.  
**Address:** P. O. BOX 806  
**City-St-Zip:** BOCA RATON, FL 33429

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:** KAREN A. SHELLY

MGR

04/13/2011

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