

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000107705

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** DOROTHY SHAFER WALLPAPERING,LLC

**Current Principal Place of Business:**

14733 PATRICK HENRY ROAD  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

14733 PATRICK HENRY ROAD  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

FEI Number: 80-0502518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHAFER, DOROTHY  
14733 PATRICK HENRY ROAD  
NORTH FORT MYERS, FL 33917 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: SHAFER, DOROTHY  
Address: 14733 PATRICK HENRY ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917 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: DOROTHY SHAFER

MGR

04/30/2010

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