

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109506

FILED
Apr 16, 2011
Secretary of State

Entity Name: SHIRLEY BLACK SWAN LLC

Current Principal Place of Business:

5793 CAPE HARBOUR DRIVE
SUITE 1518
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

5793 CAPE HARBOUR DRIVE
SUITE 1518
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STOVALL, SHIRLEY
5793 CAPE HARBOUR DRIVE
SUITE 1518
CAPE CORAL, FL 33914 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: STOVALL, SHIRLEY
Address: 5793 CAPE HARBOUR DRIVE SUITE 1518
City-St-Zip: CAPE CORAL, FL 33914 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: SHIRLEY STOVALL MGR 04/16/2011

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