

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092278

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** SHADE FAMILY GROUP LLC

**Current Principal Place of Business:**

857 WEST BAY DR  
#705  
LARGO, FL 33770 US

**New Principal Place of Business:**

883 WEST BAY DR  
LARGO, FL 33770 US

**Current Mailing Address:**

857 WEST BAY DR  
#705  
LARGO, FL 33770 US

**New Mailing Address:**

883 WEST BAY DR  
LARGO, FL 33770 US

**FEI Number:** 45-3066987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHADE, DENNIS M  
1735 MEHLROSE AVE.  
BELLEAIR, FL 33756 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:** SHADE, DENNIS M  
**Address:** 1735 MEHLROSE AVE  
**City-St-Zip:** BELLEAIR, FL 33756

**Title:** MGR  
**Name:** SHADE, PATRICIA  
**Address:** 1735 MEHLROSE AVE  
**City-St-Zip:** BELLEAIR, FL 33756

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:** PATRICIA SHADE

MGR

04/22/2012

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