

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000137108

Entity Name: SHAWINIGAN, LLC

**FILED**  
**Feb 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6135 CONROY RD  
STE 631  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

**Current Mailing Address:**

429 S KELLER RD  
# 200  
ORLANDO, FL 32810 US

**New Mailing Address:**

6135 CONROY RD  
STE 631  
ORLANDO, FL 32839 US

FEI Number: 20-5271508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RONES, VICTOR K ESQ  
16105 NE 18TH AVE  
N MIAMI BEACH, FL 33162 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: FILIPAZ, ROBERTO  
Address: 6135 CONROY RD - STE 631  
City-St-Zip: ORLANDO, FL 32839 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: ROBERTO FILIPAZ

MGMR

02/04/2012

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