

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000048

Entity Name: SHAFFER SHERYLE, L.C.

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

4300 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15697
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3439867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVETT, JOHN C ESQ.
106 EAST COLLEGE AVE.
SUITE 1200
TALLAHASSEE, FL 32312 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 () Delete
Name: PHIPPS, LISA S
Address: 4300 NORTH MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: PHIPPS, GAVIN B
Address: 4300 NORTH MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LISA S. PHIPPS

MGRM

03/01/2007

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