

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002202

Entity Name: SHAGBARK LLC

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

865 E SHORE DR  
SUMMERLAND KEY, FL 33042

**New Principal Place of Business:**

**Current Mailing Address:**

865 E SHORE DR  
SUMMERLAND KEY, FL 33042

**New Mailing Address:**

FEI Number: 13-4158563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GUKEISEN, ROBERT  
865 E SHORE DR  
SUMMERLAND KEY, FL 33042 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: GUKEISEN, ROBERT P  
Address: 865 E SHORE DR  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: MGR  
Name: GUKEISEN, CLAUDIA A  
Address: 865 E SHORE DR  
City-St-Zip: SUMMERLAND KEY, FL 33042

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: ROBERT P GUKEISEN

MGR

04/05/2011

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