

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000617

Entity Name: SHAMROCK HOLDINGS, LLC

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

206 MT VERNON AVE
ORANGE, NJ 07050

New Principal Place of Business:

1904 GARDNER AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

206 MT VERNON AVE
ORANGE, NJ 07050

New Mailing Address:

1904 GARDNER AVE
LEHIGH ACRES, FL 33936 US

FEI Number: 51-0496620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JENNIFER
19964 LAKE VISTA CIR UNIT 3
LEHIGH ACRES, FL 339367603 US

Name and Address of New Registered Agent:

WILLIAMS, JENNIFER M MGRM
1904 GARDNER AVE
LEHIGH ACRES, FL 339367603 US

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: JENNIFER WILLIAMS

02/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, JENNIFER
Address: 206 MT VERNON AVE
City-St-Zip: ORANGE, NJ 07050

Title: MGRM (X) Delete
Name: DUKE, WINSTON
Address: 38 43RD ST.
City-St-Zip: IRVINGTON, NJ 07111

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WILLIAMS, JENNIFER M
Address: 206 MT VERNON AVE
City-St-Zip: ORANGE, NJ 07050

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

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER M WILLIAMS

PRES

02/06/2008

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