

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000051764

**Entity Name:** SHOUPPE CONTRACTING, LLC

**Current Principal Place of Business:**

9556 STATE ROAD 228 SOUTH  
MACCLENLY, FL 32063

**Current Mailing Address:**

POST OFFICE BOX 1213  
MACCLENLY, FL 32063 US

**FEI Number:** 42-1611873

**Certificate of Status Desired:** No

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

SHOUPPE, STEPHEN  
9556 STATE ROAD 228 SOUTH  
MACCLENLY, FL 32063 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHOUPPE, STEPHEN  
Address 9556 STATE ROAD 228 SOUTH  
City-State-Zip: MACCLENLY FL 32063

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN SHOUPPE

MGRM

05/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date