

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

41C
FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000014910

1. Entity Name
SHEFAOR DEVELOPMENT LLC



Principal Place of Business

**18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180**

Mailing Address

**18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180**



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137819

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DADE COUNTY CORPORATE AGENCY, INC.
18901 NE 29 AVE.
SUITE 100
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000939028
05/28/08-80009-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PLANINVEST, INC.
18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ESTATE FIELD GROUP, INC.
18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

04/30/08

Date

(305) 935-2210

Daytime Phone #