

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022305

**FILED
Jul 17, 2009
Secretary of State**

Entity Name: SHABIR LLC

Current Principal Place of Business:

10133 FACET CT
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

10133 FACET CT
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 04-3698912 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KHADELY, SALMA
10133 FACET COURT
ORLANDO, FL 32836 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: KHADELY, SALMA
Address: 10133 FACET COURT
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: SHABIR, MOHAMMED
Address: 8348 DIAMOND COVE CIRCLE
City-St-Zip: ORLANDO, FL 32836

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 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: SALMA KHADELY

MGRM

07/17/2009

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