2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State
06-11-2008 90057 011 ***538.75

DOCUMENT # L07000032477

1. Entity Name
SHAVAE LLC

30010841

Principal Place of Business	Mailing Address
3838 TAMIAMI TRAIL NORTH, STE 200 NAPLES, FL 34103	3838 TAMIAMI TRAIL NORTH, STE. 200 NAPLES, FL 34103

04162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O Box #		3. Mailing Address	
10210 KEY PLUM ST.		3110 HIGHLAND ROAD	
Suite, Apt # etc		Suite Apt # etc	
City & State: PLANTATION, FL		City & State: HERMITAGE, PA	
Zip: 33324	Country: BROWARD	Zip: 16148	Country: MERCER

4. FEI Number: 20-8719282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REVIS, DARRELLE 3838 TAMIAMI TRAIL NORTH, STE 200 NAPLES, FL 34103	Name: Street Address (P O Box Number is Not Acceptable): 10210 KEY PLUM STREET City: PLANTATION FL Zip Code: 33324

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVIS, DARRELLE 3838 TAMIAMI TRAIL NORTH, STE 200 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVIS, DARRELLE 10210 KEY PLUM STREET ~~PLANTATION, FL 33324~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: D D Revis July 14, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date Daytime Phone #