

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116257

**Entity Name:** SHACHAR, LLC

**Current Principal Place of Business:**

2241 NE 197 ST  
NORTH MIAMI BEACH, FL 33180

**Current Mailing Address:**

2241 NE 197 ST  
NORTH MIAMI BEACH, FL 33180 US

**FEI Number:** 20-8525523

**Certificate of Status Desired:** No

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

TAMIR, OFER  
2241 NE 197 ST  
NORTH MIAMI BEACH, FL 33180 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 TAMIR, OFER  
Address 2241 NE 197 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title MGRM  
Name OVED, JACK  
Address 16425 COLLINS AVE. UNIT 8A  
City-State-Zip: SUNNY ISLES FL 33160

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** OFER TAMIR

MGR

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date