

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029418

**Entity Name:** SHANE M. ZACK ENTERPRISES, LLC

**Current Principal Place of Business:**

1037 STATE ROAD 7  
SUITE 211  
WELLINGTON, FL 33414

**Current Mailing Address:**

5920 NW 63RD PL.  
PARKLAND, FL 33067

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

ZACHAREWICZ, SHANE MDR.  
5920 NW 63RD PL  
PARKLAND, FL 33067 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 MGR  
Name ZACHAREWICZ, SHANE MDR.  
Address 5920 NW 63RD PL  
City-State-Zip: PARKLAND FL 33067

*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: SHANE ZACHAREWICZ**

**DR.**

**04/23/2015**

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

\_\_\_\_\_  
Date