

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000059745

**Entity Name:** SHAMAI, LLC

**Current Principal Place of Business:**

4020 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5555 COLLINS AVE  
APT 17 A  
MIAMI BEACH, FL 33140 US

**FEI Number:** 27-2784976

**Certificate of Status Desired:** No

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

WALTERS, ALAN S  
4770 BISCAYNE BLVD  
1400  
MIAMI, FL 33137 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	Title	MGR
Name	CIECHANOVER, LIDIA	Name	CIECHANOVER, ORI
Address	4011 MERIDIAN AVENUE, #18	Address	5555 COLLINS AVE APT 17 A
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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:** LIDIA CIECHANOVER

**MANAGER**

**04/27/2015**

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

\_\_\_\_\_  
Date