**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 26, 2014**
**Secretary of State**
**CC9958544248**

DOCUMENT# L12000007755

**Entity Name:** SHAMADA, LLC

**Current Principal Place of Business:**

11208 EAST MARTIN LUTHER KING BLVD
SEFFNER, FL 33584

**Current Mailing Address:**

11208 EAST MARTIN LUTHER KING BLVD
SEFFNER, FL 33584 US

**FEI Number: 45-4318678**

**Certificate of Status Desired:** No

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

HAMADA, SAID
11208 EAST MARTIN LUTHER KING BLVD
SEFFNER, FL 33584 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 | HAMADA, SAID | Name | HAMADA, SUSAN |
| Address | 11208 EAST MARTIN LUTHER KING | Address | 11208 EAST MARTIN LUTHER KING |
| City-State-Zip: | SEFFNER FL 33584 | City-State-Zip: | SEFFNER FL 33584 |

| | |
|---|---|
| Title | MGR |
| Name | HAMADA, TARIK |
| Address | 11208 EAST MARTIN LUTHER KING |
| City-State-Zip: | SEFFNER FL 33584 |

*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: SAID HAMADA MANAGER 02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date