

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199792

**Entity Name:** SHAFI CONSULTANTS, LLC

**Current Principal Place of Business:**

4611 S. UNIVERSITY DRIVE  
473  
DAVIE, FL 33328

**Current Mailing Address:**

4611 S. UNIVERSITY DRIVE  
473  
DAVIE, FL 33328 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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            AMBR  
Name            AKHTARULLAH, SHAZIA  
Address        4611 S. UNIVERSITY DRIVE, SUITE  
                  473  
City-State-Zip: DAVIE FL 33328

Title            AMBR  
Name            NIAZI, FARIHA M  
Address        4611 S. UNIVERSITY DRIVE, SUITE  
                  473  
City-State-Zip: DAVIE FL 33328

*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:** SHAZIA AKHTARULLAH

AMBR

01/15/2018

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

\_\_\_\_\_  
Date