

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 018 ****50.00

DOCUMENT # L01000008107

1. Entity Name

RIVERFRONT SHELLEY ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 SW 1st Avenue

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

300 SW 1st Avenue

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

4. FEI Number

65 11 15 382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Avner Gordin

Street Address (P.O. Box Number is Not Acceptable)

300 SW 1st Avenue

Suite 103

City

Ft. Lauderdale

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR S.W. Industrial S.E. 300 SW 1st Ave., Suite 103 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Shelley W. Shelley 300 SW 1st Ave., Suite 103 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-02 954-527 0075

CR2E083B (12/01)