

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90013 009 ****50.00

DOCUMENT # L01000008107

1. Entity Name

Riverfront Shelley Enterprises, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 S.W. 1st Avenue

3. Mailing Address
300 S.W. 1st Avenue

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number 65-1115382

Applied For
Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Shelley W. Shelley

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

300 S.W. 1st Avenue, Suite 103

City Ft. Lauderdale

FL Zip Code
33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Shelley W. Shelley

5/8/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida 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 S.W. 1st Avenue, 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 S.W. 1st Avenue, Suite 103
Ft. Lauderdale, FL 33301

TITLE
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IN THIS SPACE**

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

Shelley W. Shelley, Manager

5/8/03

Date

Daytime Phone #

CR2E083B (12/02)