

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000014910

1. Entity Name
SHEFAOR DEVELOPMENT LLC



Principal Place of Business
18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

Mailing Address
18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

FILED
07 APR 16 PM 12:45
CLERK OF STATE
TALLAHASSEE, FLORIDA



01042007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
65-1137819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENCY, INC.
18901 NE 29 AVE.
SUITE 100
AVENTURA, FL 33180

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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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
PLANINVEST, INC.
18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
ESTATE FIELD GROUP, INC.
18851 NE 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

400097946904
04/23/07--01005--006 **550.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

04/02/07

(305) 935-1250

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

Date

Daytime Phone #