

AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 NOV 12 AM 11:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015651

1. Entity Name

Shefa, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5350 NW 35th Avenue

3. Mailing Address
5350 NW 35th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number 02-0610182

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Hernan Leonoff

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

21055 Yacht Club Drive, Apt. 1705

City Aventura

FL Zip Code 33180

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.

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	Managing Member Armando Leonoff Callao 1358, Buenos Aires, Argentina
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Susana Bodny Callao 1358, Buenos Aires, Argentina
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Hernan Leonoff 21055 Yacht Club Drive, Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Valerie Leonoff 17000 N Bay Road, Sunny Isles, FL 33160
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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

11-10-03 954 921 5500

Date

Daytime Phone #

CR2E083B (12/02)