

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

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90104 008 ****50.00

DOCUMENT # L01000022305

1. Entity Name

Shabir LLC

DO NOT WRITE IN THIS SPACE

24081762

2. Principal Place of Business
10133 Facet Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State

4. FEI Number
04-3698912

Applied For
Not Applicable

Zip
32836

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
Salma Khadely

Street Address (P.O. Box Number is Not Acceptable)
10133 Facet Ct

City
Orlando

FL **Zip Code**
32836

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

SIGNATURE

Salma Khadely **SALMA KHADELY OWNER**

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

DATE

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Salma Khadely
10133 Facet Ct
Orlando, FL 32836

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:

Salma Khadely

407 592 8683

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

Date

Daytime Phone #

CR2E083B (12/02)