

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015768

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** SHAKED PROPERTIES, LLC

**Current Principal Place of Business:**

501 NE 190 STREET  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

3983 194TH TRAIL  
SUNNY ISLES, FL 33160

**New Mailing Address:**

C/O HMD 1557 NE 164 STREET  
SUITE 201  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 56-2358882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAKED, YARIV  
501 NE 190 ST  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SHAKED, YARIV  
**Address:** 3983 194TH TRAIL  
**City-St-Zip:** SUNNY ISLES, FL 33160

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: YARIV SHAKED

M

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date