

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024212

1. Entity Name
SHACAR LLC



Principal Place of Business
**321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

Mailing Address
**C/O STUART J. HAFT, ESQ
PO BOX 431
PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0076067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ
C/O ALLEY, MAASS, ROGERS & LINDSAY, PA
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ASHKIN, MICHAEL
7282 FISHER ISLAND DR.
FISHER ISLAND, FL 33109**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ASHKIN, CARL
865 MERRICK AVE.
WESTBURY, NY 11590**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000194258
01/25/05-80095-011 50.00

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Managing Member **1-19-05**