

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90100 013 ****50.00

20003343



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number **92-01832-16** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

DOCUMENT # L04000003988
1. Entity Name
SHEKINA GROUP LLC



Principal Place of Business
**7114 SOUTHGATE CT.
SARASOTA, FL 34243**

Mailing Address
**7114 SOUTHGATE CT.
SARASOTA, FL 34243**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**BASIST, STACEY
7114 SOUTHGATE CT.
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when canceling)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member Stacey Basist 7114 Southgate Ct Sarasota, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Stacey L Basist* **Stacey L Basist** 01/13/05 9413608122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #