

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000039849**

**1. Entity Name:**  
**SHELDON JAFFEE, LLC**



**Principal Place of Business**  
**3670 N.W. 76TH STREET**  
**MIAMI, FL 33147**

**Mailing Address**  
**C/O VINCE MELE & ASSOCIATES**  
**2601 SOUTH BAYSHORE DRIVE PENTHOUSE 1A**  
**COCONUT GROVE, FL 33133**



01152007/No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1369513**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**KORNIK, GARY H ESQ**  
**18901 N.E. 29TH AVENUE STE. 100**  
**AVENTURA, FL 33180**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**JAFFEE, SHELDON**  
**3670 N.W. 76TH STREET**  
**MIAMI, FL 33147**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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04/11/07-80045-019 50.00

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

*Sheldon Jaffee, LLC*

*3/30/07*

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

Date

Daytime Phone #