

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056055

**Entity Name:** SHAPE LOVERS, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5485 NW 79TH AVENUE  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

5485 NW 79TH AVENUE  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 20-1428469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAPELLI, ARMANDO C JR.  
798 RIDGEWOOD ROAD  
KEY BISCAYNE, FL 33149 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:** PRES  
**Name:** CHAPELLI, ARMANDO C CEO  
**Address:** 798 RIDGEWOOD ROAD  
**City-St-Zip:** KEY BISCAYNE, FL 33149 US

**Title:** TREA  
**Name:** MARTIN, JOHN A CFO  
**Address:** 4915 AUBURN AVE  
**City-St-Zip:** BETHESDA, MD 20814 US

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: JOHN A. MARTIN

TREA

01/04/2012

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