


FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 040 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000068583			
1. Entity Name SHELLEY FISHING, LLC			
Principal Place of Business 9155 S. DADELAND BLVD 1810 MIAMI, FL 33156 US		Mailing Address 9155 S. DADELAND BLVD 1810 MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 7301 SW 57 CT Suite, Apt. #, etc. Suite 440 City & State S. Miami FL Zip 33143 Country USA		3. Mailing Address 7301 SW 57 CT Suite, Apt. #, etc. Suite 440 City & State S. Miami FL Zip 33143 Country USA	
6. Name and Address of Current Registered Agent PERSAUD, SAMUEL A ESQ 1320 SOUTH DIXIE HIGHWAY 715 CORAL GABLES, FL 33146		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM SHELLEY, ROBERT J 9155 SOUTH DADELAND BLVD., #1810 MIAMI, FL 33156			
MGR SHELLEY, JENNIFER 9155 SOUTH DADELAND BLVD MIAMI, FL 33156			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		9/8/08 Date Daytime Phone #	

50010311



09082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3012679

Applied For
Not Applicable

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