

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069341

Entity Name: SHUTAFIM, LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

444 BRICKELL AVE., STE. 828  
MIAMI, FL 33131

## New Principal Place of Business:

10185 COLLINS AVE.  
APT. 807  
MIAMI, FL 33154

## Current Mailing Address:

10185 COLLINS AVE.-# 807  
MIAMI, FL 33154

## New Mailing Address:

10185 COLLINS AVE  
APT. 807  
MIAMI, FL 33154

FEI Number: 20-1660977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAZZONI, FERNANDO  
444 BRICKELL AVE., STE. 828  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

MAZZONI, FERNANDO  
444 BRICKELL AVE.,  
SUITE 828  
MIAMI, FL 33131 US

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: FERNANDO MAZZONI

03/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: OJMAN, SARA  
Address: 10185 COLLINS AVE, # 807  
City-St-Zip: MIAMI, FL 33154

Title: MGR ( ) Delete  
Name: BOBROWSKI, LUIS  
Address: 10185 COLLINS AVE, # 807  
City-St-Zip: MIAMI, FL 33154

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BOBROWSKI LUIS

MGR

03/23/2009

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