

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089212

Entity Name: SHERIFF EXPORT, LLC

FILED
Apr 04, 2006
Secretary of State

Current Principal Place of Business:

4989 SHORELINE CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 471476
LAKE MONROE, FL 327471476

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANEKIA, ALIRAZA
4989 SHORELINE CIRCLE
SANFORD, FL 32771 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: MGRM () Delete
Name: MANEKIA, ALIRAZA
Address: 4989 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: MANEKIA, SHABBIR A
Address: 112 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: MANEKIA, SIBTAIN A
Address: 628 SAMANTHA LANE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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

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 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: ALIRAZA MANEKIA

MM

04/04/2006

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