

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000051938

1. Entity Name

SHORE THING PROPERTIES, L.L.C.



Principal Place of Business

1421 NW 100TH WAY
PLANTATION, FL 33322

Mailing Address

8395 W. OAKLAND PARK BLVD. SUITE A
SUNRISE, FL 33351



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1680829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASKIN, SHERYL
1421 NW 100TH WAY
PLANTATION, FL 33322

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

11000000845173

03/13/08-80029-002-138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RASKIN, SHERYL
STREET ADDRESS	1421 NW 100TH WAY
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	RASKIN, DAVID
STREET ADDRESS	1421 NW 100TH WAY
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	SCHUBER, DEBRA
STREET ADDRESS	9429 NW 39TH PLACE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	MGRM
NAME	SCHUBER, STEVEN
STREET ADDRESS	9429 NW 39TH PLACE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	MGRM
NAME	RABINOWITZ, JEFFREY
STREET ADDRESS	9400 NW 18TH PLACE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	RABINOWITZ, DONNA
STREET ADDRESS	9400 NW 18TH PLACE
CITY-ST-ZIP	PLANTATION, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #