

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096469

FILED
Jun 21, 2007
Secretary of State

Entity Name: SHRI, LLC

Current Principal Place of Business:

10961 W BROWARD BLVD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10961 W BROWARD BLVD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 81-0679718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAWLANI, AVINASH S
10961 W BROWARD BLVD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAWLANI, SURESH R
Address: 10961 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

Title: MGMR () Delete
Name: SAWLANI, AVINASH S
Address: 10961 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: SAWLANI, PUJA
Address: 10961 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

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 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: AVINASH SAWLANI

MGMR

06/21/2007

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