

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90017 033 ***138.75

DOCUMENT # L06000033728

1. Entity Name
SHARAH, LLC



Principal Place of Business

C/O P.J. SHAW
2425 GULF OF MEXICO DRIVE, 14F
LONGBOAT KEY, FL 34228

Mailing Address

PO BOX 8056
LONGBOAT KEY, FL 34228

60028466



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4807761

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, PETER J
2425 GULF OF MEXICO DRIVE, 14F
LONGBOAT KEY, FL 34228

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHAW, PETER J <u>2425</u>
STREET ADDRESS	2025 GULF OF MEXICO DRIVE, 14F
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	MGR
NAME	RAHAMAN, IRFAUN A <u>4</u>
STREET ADDRESS	15 PERIWINKLE DRIVE
CITY - ST - ZIP	MT. LAUREL, NJ 08054
TITLE	MGR
NAME	SHAW, DAVID
STREET ADDRESS	BASEMENT FLAT 13A VICARAGE ROAD
CITY - ST - ZIP	LEYTON, LONDON ENGLAND, E10 5EF
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

4/13/08 941-650-1145
Date Daytime Phone #