2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90037 005 ****50.00

DOCUMENT # L06000081109 1. Entity Name SHIRI'S, LLC						-	003 / 003	50.	00
Principal Place of Business 277 LAKE BREEZE CIRCLE LAKE MARY, FL 32746 Mailing Address 277 LAKE BREEZE CIRCLE LAKE MARY, FL 32746									
	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.				Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State	<u> </u>			-5396		Not	plied For Applicable
33619		Zip	Country		<u> </u>	of Status Desired		5.00 Addi e Required	
	6. Name and Address of Curren	7. Name and Address of New Registered Agent Name							
SHISGAL, PINNY 277 LAKE BREEZE CIRCLE LAKE MARY, FL 32746				Street Address (P.O. Box Number is Not Acceptable)					
Date Hiraci, i E GEV 40				City Zip Code					
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 Submitty-Ryped or printed same of repirtered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE									-
	iling Fee is \$50.00 ue by May 1, 2007				e check pay Departmen				
9.	MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHISGAL, PINNY 277 LAKE BREEZE CIRCLE LAKE MARY, FL 32746	☐ Delete					(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NU ST						[Change	☐ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLI NAM STRE	E			}	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Del e te	N.					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	13					Change	☐ Addition
I indicated	certify that the information supplied widon this report is true and accurate an ability company or the receiver or trust	d that my signature shall have	e the same	e legal effect as if i	made under oath	i: that I am a manac	urther certily t ging member	hat the info or manage	rmation r of the