

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106370

Entity Name: SHELTI ONE, LLC

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

881 SE FEDERAL HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

8707 FLOWERSONG CV
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-5844669 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:

SHAKOUR, MAHIDA
8707 FLOWERSONG CV
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

DEEB, GEORGE
8707 FLOWERSONG CV
BOYNTON BEACH, FL 33437 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: GEORGE DEEB

07/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAKOUR, MAHIDA
Address: 8707 FLOWERSONG CV
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEEB, GEORGE
Address: 8707 FLOWERSONG CV
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGR () Change (X) Addition
Name: SHAKOUR, MAHIDA
Address: 8707 FLOWERSONG CV
City-St-Zip: BOYNTON BEACH, FL 33473

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: GEORGE DEEB

MGRM

07/16/2008

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