


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90080 006 ****55.00

DOCUMENT # L06000122204 1. Entity Name SHERENIT, LLC			
Principal Place of Business 5500 NW 15 ST., M7 MARGATE, FL 33063		Mailing Address 5500 NW 15 ST., M7 MARGATE, FL 33063	
2. Principal Place of Business - No P.O. Box # 12352 WILES RD Suite, Apt. #, etc.		3. Mailing Address 12352 WILES RD. Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL Zip 33076		City & State CORAL SPRINGS, FL Zip 33076	
Country U.S.		Country U.S.	
4. FEI Number 74-3198747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		08102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CROFT, GLEN 5500 NW 15 ST., M7 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Glen Croft</i></u> DATE <u>8/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROFT, GLEN 12250 NW 20 COURT PLANTATION, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROFT, SHERRILL 12250 NW 20 COURT PLANTATION, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Glen Croft</i></u>		Date <u>8/13/07</u> Daytime Phone # <u>954-325-4123</u>	