

FILED
May 09, 2008 8:00 am
Secretary of State

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DOCUMENT # L07000067705 1. Entity Name SHARLY & SEEMAT INT'L LLC.				Secretary of State 04-10-2008 90129 033 ***138.75	
Principal Place of Business 2800 NW 19TH STREET FORT LAUDERDALE FL 33311 US		Mailing Address 2800 NW 19TH STREET FORT LAUDERDALE FL 33311 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E083 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number ☒ Applied For ☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent CHOWDHURY, SHAMSER N 1406 NE 14TH PLACE FORT LAUDERDALE FL 33304				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 _____ (NOTE: Registered agent's signature required when changing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHOWDHURY, SHAMSER N 1406 NE 13TH STREET FORT LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>S. N. Chowdhury</u> SHAMSER N. CHOWDHURY (MGRM) - 03-28-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					