

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108420

Entity Name: SHAREVAY, LLC

FILED  
Jul 29, 2008  
Secretary of State

**Current Principal Place of Business:**

4200 SEAGRAPE DRIVE, #1-S  
LAUDERDALE-BY-THE-SEA, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4200 SEAGRAPE DRIVE, #1-S  
LAUDERDALE-BY-THE-SEA, FL 33308

**New Mailing Address:**

FEI Number: 26-1316007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

JAMKHU, AMIR-KAYVON  
4200 SEAGRAPE DRIVE, #1-S  
LAUDERDALE-BY-THE-SEA, FL 33308      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAMKHU, AMIR-KAYVON  
Address: 4200 SEAGRAPE DRIVE, #1-S  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

Title: MGRM ( ) Delete  
Name: PHETERSON, MARK  
Address: 480 LEXINGTON AVENUE  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMIRKAYVON JAMKHU

MGRM

07/29/2008

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