

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028061

FILED
Apr 15, 2009
Secretary of State

Entity Name: SHEIDA FOUNDATION LLC

Current Principal Place of Business:

4436 OLD WINTER GARDEN RD.
SUITE D
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4436 OLD WINTER GARDEN RD.
SUITE D
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOULADI, MAJID
7819 THICKET LN.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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: FOULADI, MAJID
Address: 7819 THICKET LN
City-St-Zip: ORLANDO, FL 32811 US

Title: MGR () Delete
Name: NOGHREHKAR-BABOLI, MASSOUD
Address: 115 STONE GABLE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR () Delete
Name: FOULADI, ANTHONY A
Address: 9357 COMEAU ST.
City-St-Zip: GOTH A, FL 34734 US

ADDITIONS/CHANGES:

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

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: MAJID FOULADI

MGRM

04/15/2009

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