## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000076520

Entity Name: SHINA LLC

**FILED** Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

345 SW 188TH AVE

PEMBROKE PINES, FL 33029

**Current Mailing Address: New Mailing Address:** 

345 SW 188TH AVE PEMBROKE PINES, FL 33029

FEI Number: 26-3297969 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ABRISHAMI, BEHNAM 345 SW 188TH AVE

PEMBROKE PINES, FL 33029 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:

MGR () Delete

ABRISHAMI, BEHNAM Name: Address: 345 SW 188TH AVE

City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete Name: ABRISHAMI, SUSAN

Address: 345 SW 188TH AVE City-St-Zip:

ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition

ABRISHAMI, BEHNAM K Name:

Address: 345 SW 188TH AVE

City-St-Zip: PEMBROKE PINES, FL 33028

(X) Change ( ) Addition Title: MGR

Name: ABRISHAMI, SUSAN M

Address: 345 SW 188TH AVE

PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

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: BEHNAM K ABRISHAMI 03/24/2009