

L0900004700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

OCT 19 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shafa Investments LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Parvez Kajani

Name of Person

7-Eleven store#39297

Firm/Company

495 Pearl lake cswy

Address

Altamonte Springs,Florida,32714

City/State and Zip Code

Parvezkajani@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Parvez Kajani

Name of Person

at ( 407 )

9634979

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 OCT 16 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 12, 2009

PARVEZ KAJANI  
7-ELEVEN STORE # 39297  
495 PEARL LAKE CSWY  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: SHAFI INVESTMENTS, LLC  
Ref. Number: L09000047100

We have received your document for SHAFI INVESTMENTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 109A00032746

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Shafa Investments LLC

2. (a) Principal office address of limited liability company: 495 Pearl lake cswy

☐ (Note: **MUST BE STREET ADDRESS**) Altamonte Springs, Florida, 32714

(b) Mailing address of limited liability company: 495 Pearl lake cswy

☐ (Note: **MAY BE POST OFFICE BOX**) Altamonte Springs, Florida, 32714

3. Date of filing/registration in Florida: 5/14/2009

4. Document number: L09000047100

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Gulamali Amin

Registered Office Address: 4680 South Orange Blossom trail

Orlando, Florida, 32839

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Parvez Kajani

**NEW** Registered Office Address: 495 Pearl lake cswy,

**(MUST BE FLORIDA STREET ADDRESS)** Altamonte Springs, FL 32714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

PARVEZ KAJANI

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 16 PM 3:56