

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000062187

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** SHAFIR & DOLEV LLC

**Current Principal Place of Business:**

8959 DICKENS AVENUE  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

8959 DICKENS AVENUE  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 90-0497856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEINGOLD-STUDNIK, SHOSHANA  
8959 DICKENS AVENUE  
SURFSIDE, FL 33154 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  
**Name:** SHAFIR, HAIM  
**Address:** BAR YOHAI 6  
**City-St-Zip:** RISHON LEZION ISRAEL, IS 75282 IS

**Title:** MGRM  
**Name:** DOLEV, ALON  
**Address:** HAHUGAV  
**City-St-Zip:** RISHON LEZION ISRAEL, IS 75800 IS

I hereby 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:** HAIM SHAFIR

MGRM

04/18/2010

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