

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026892

Entity Name: SHABRI FINANCIAL LLC

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1081 SW ASWAW AVENUE  
C/O CARINE FRANCOIS  
PORT ST LUCIE, FL 34953

## **New Principal Place of Business:**

1081 SW ASWAN AVENUE  
C/O CARINE FRANCOIS  
PORT ST LUCIE, FL 34953

## **Current Mailing Address:**

1081 SW ASWAW AVENUE  
C/O CARINE FRANCOIS  
PORT ST LUCIE, FL 34953

## **New Mailing Address:**

1081 SW ASWAN AVENUE  
C/O CARINE FRANCOIS  
PORT ST LUCIE, FL 34953

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNDON, BIRAN  
1292 SE INDUSTRIAL BLVD  
PORT ST LUCIE, FL 34952 US

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

FRANCOIS, CARINE  
1081 SW ASWAN AVENUE  
PORT ST LUCIE, FL 34953 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: CARINE FRANCOIS

02/01/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGT  
Name: FRANCOIS, CARINE  
Address: 1081 SW ASWAN AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34953

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: CARINE FRANCOIS

MGT

02/01/2011

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