

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089804

Entity Name: SHIAFFIE LLC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1514 NW 37 PL  
CAPR CORAL, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 902  
FRESH MEADOWS, NY 11365

**New Mailing Address:**

PO BOX 620742  
FLUSHING, NY 11362

FEI Number: 27-3379070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADLER, MARLA  
1514 NW 37TH PL  
CAPE CORAL, FL 33993 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: MS  
Name: MARLA, ADLER  
Address: PO BOX 902  
City-St-Zip: FRESH MEADOWS, NY 11365

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: MARLA ADLER

PRES

03/09/2011

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