2001	UNIFORM	<b>BUSINESS</b>	REPORT	/IIRR
	Oldin Ollin	DO3111E33	REPURI	IODU

DOCUMENT # L9700000403  1. Entity Name SHAY SHAY MARKETING LC					<del>-,</del>	FILED					
					01	OI APR -9 AM 7:46  SECRETARY OF STATE TALLAHASSEE, FLORIDA					
OURT SHALLING ED											SE
Principal Plac	ce of Business		Mailing Address			(1/4)	Tirtin Cocci, c				
6980 S.W. 10TH STREET 6980 S.W. 10TH STREET PLANTATION FL 33317 PLANTATION FL 33317											
TEMINION	112 00017		LENGTH TE SOUT				1 (88)(81) 818 (810) 1884( 81	ırı Barı Barı Csı	F MAIRE AANTA ARA	1 <b>88188</b> (111 1 <b>98</b> 1	
2 Principal I	Place of Busine	200	2 Mailing Address								
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & Sta	te		City & State	-	CE_077E 100					pplied For	
Zip		Country	Zip	Cour	ntry	<b>5.</b> Cei	tificate of Status Desire	ed 🔲	\$5.00 Ad	ditional	
~	6. Name	and Address of Current	Registered Agent	<u> </u>		7. Nar	ne and Address of Ne	w Registered		<u></u>	
GEDAN,	PORERT				Name						
	V. 10TH STR	EET			Street Ac	idress (P.O. Box	Number is Not Accept	able)			
PLANTAT	TION FL 3331	17									
					City			FI	Zip Cod	le	
8. The above	e named entity	submits this statement for	or the purpose of changing its	register	ed office or	registered agent	, or both, in the State of	f Florida.			
SIGNATURE											
	Signature, typed or	r printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signatur	re required when reinst		DATE	רונים	N	
			FILE N Make Check Pa		FEE IS \$! to Departn			/16/01 ***50.00	01002	-011	
9.		MANAGING MEMB	ERS/MEMBERS	10.			ADDITIC	NS/CHANGE	3		
TITLE NAME	MGR GEDAN, R	ORFRT	☐ Delete	TITL NAM	1				Change	☐ Addition	
STREET ADDRESS	6980 S.W.	10TH STREET		STR	EET ADDRESS						
CITY-ST-ZIP TITLE	MGR	ON FL 33317	Detete	TITL	-ST-ZIP				☐ Change	☐ Addition	
NAME	IRGANG, M		L. Delete	NAM					onlarige		
STREET ADDRESS CITY-ST-ZIP		HINGTON STREET OD FL 33020			EET ADDRESS -ST-ZIP						
liúre - "	. 4 %		. Delete	- TITU	-		÷, ·		☐ Change	☐ Addition	
NAME Street address				NAM STRE	ET ADDRESS						
CITY-ST-ZIP			·	CITY	-ST-ZIP						
NAME	·		☐ Delete	TITLE NAM	- 1				Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP					ET ADDRESS						
TITLE			□ Delete	TITLE	-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	E Et address					<u> </u>	
CITY-ST-ZIP	·			48.	-ST-ZIP				•		
ITLE IAME			☐ Delete	TITLE					☐ Change	☐ Addition	
TREET ADDRESS					ET ADDRESS						
TY-ST-ZIP	artify that the	pformation ounciled with	this filling does not asset for		-ST-ZIP	alsa beeste esse	07/01/2 5: 1: 5		ate at		
indicated	on this report i	is true and accurate and	this filing does not qualify for that my signature shall have t e empowered to execute this i	he same	ienal ettect	as if made unde	ar nath-that I am a ma	as. I turther cei naging memb	ruty that the ir er or manage	normation r of the	
	\vec{y}	11101	M () ()	ERT			1/////	α - I	70.4		
SIGNAT	URE:	TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MAN	L	ALTHOPETE T	EDDECEMENT	4 [4] [10]	9(4	1923	124	
	ORIGINAL AN	ED ON FRINTED NAME OF		ниси, ОЯ	AU INUKIZED R	THE SENIATIVE	Date	;	Paytime Phone #		