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		DUCINECO	DEDART	/IIDD\
2 001	UNIFUKM	BUSINESS	REPURI	(UBK)

1. Entity Name THE SHANE, LLC					LIEED OF THE OF OR					}
THE SHA	ANE, LLC				1	11 APR 26 AH 9				
Principal Place of Business Mailing Address 6417 N.W. 99TH AVENUE 6417 N.W. 99TH AVENUE PARKLAND FL 33076 PARKLAND FL 33076					TA	ECRETARY OF S MEAHASSEE, FL	TATE ORIDA			
2. Principal Place of Business 3. M		3. Mailing Address	Malling Address				II BOHII BÜHI OT	 - -	. { {	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. FEI Number 65-0921070			· 	oplied For]
Zip	Country	Zip	Country					\$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Re		· ·		1
:	,			Name			•		-]
	tz, howard l p.a. Federal Highway, suite 245b		Ì	Street Address (ess (P.O. Box Number is Not Acceptable)					
DELRAY BEACH FL 33483										
	`			City		•	FL	Zip Code	3	
SIGNATURE	Signature, typed or printed name of registered agent	FILE N	(OW!!! F	Agent signature required	7	ng)	DATE	0 /		
		Make Check P		Department o	or State	ADDITIONS/	CLIANICEC			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR SHANE, JOSEPH 6417 N.W. 99TH AVENUE PARKLAND FL 33076	Delete		T ADDRESS ST-ZIP		30004 1 -05/10/ *****5	19 4 5 0101	5622 1290 *****5	Addition 120 0.00	CR2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	مة تحريف الموارس المراز المارسة	☐ Delete	TITLE NAME	T ADDRESS			*	Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			. 1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS ST-ZIP				Change	Addition Addition	
TITLE & NAME STREET ADDRESS CITY-ST-LIP		Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			l	Change	Addition	
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	h this filing does not qualify for the transition of the transitio	or the exeme the same report as	nption stated in Se legal effect as if n required by Chap	ection 119.0 nade under ter 608, Flo	07(3)(i), Florida Statutes. I r oath; that I am a managi rrida Statutes.	further certif ng member	y that the in or manager	formation r of the	

SIGNATURE:

954786-0934 Daytime Phone *