

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90009 038 ***138.75

DOCUMENT # M01000000567

1. Entity Name
SHEP EQUITIES LLC



Principal Place of Business
529 FIFTH AVE
NEW YORK, NY 10017

Mailing Address
529 FIFTH AVE
NEW YORK, NY 10017

60045300



2. Principal Place of Business - No P.O. Box, #
220 23rd Street
Suite, Apt. #, etc.

3. Mailing Address
c/o TRG Mgmt.
2828 Coral Way, #101
Suite, Apt. #, etc.

02122008 Chg-LLC CR2E083 (12/06)

City & State
Miami Beach, FL
Zip
33139
Country
USA

City & State
Miami, FL
Zip
33145
Country
USA

4. FEI Number
65-1083209
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SLAVET, JEFFREY
5178 PRIVET PLACE APT. B
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
c/o TRG Mgmt.
2828 Coral Way, #101
City
Miami FL 33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SLAVET, JEFFREY
529 FIFTH AVENUE
NEW YORK, NY 10017 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
529 5TH AVE
N.Y. N.Y. 10017
1065 Avenue of the Americas
New York, NY 10018 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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POSTED
FEB 12 2008
Accounting Dept.

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #