

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061121

**Entity Name:** SHAY STUDIO LLC**Current Principal Place of Business:**4600 NE 2 AVE. NO. 9  
MIAMI, FL 33137**Current Mailing Address:**4600 NE 2 AVE. NO. 9  
MIAMI, FL 33137 US**FEI Number:** 45-2400351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROQUETE, DANELLYS  
117 NE 1 AVENUE.  
STE 1301  
MIAMI, FL 33132 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	SLODARZ, MONICA
Address	117 NE 1 AVE. SUITE 1301
City-State-Zip:	MIAMI FL 33132

Title	MGRM
Name	ROSQUETE, DANELLYS
Address	117 N.E. 1 AVE., SUITE 1301
City-State-Zip:	MIAMI FL 33132

Title	MGRM
Name	AMARO, DOMINGO ARNALDO
Address	117 N.E. 1 AVENUE SUITE 1301
City-State-Zip:	MIAMI FL 33132

Title	MGRM
Name	AMARO, GUILLERMO ALFREDO
Address	117 N.E. 1 AVENUE SUITE 1301
City-State-Zip:	MIAMI FL 33132

Title	MGRM
Name	AMARO, MARIA EMILIA
Address	117 N.E 1 AVENUE SUITE 1301
City-State-Zip:	MIAMI FL 33132

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MONICA SLODARZ

MGRM

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date