

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061830

Entity Name: SHARAFL, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

5151 E. MADISON LAKES CIRCLE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

5151 E. MADISON LAKES CIRCLE
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 26-2858377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTMAN, SHARON F
5151 E. MADISON LAKES CIRCLE
DAVIE, FL 33328 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: MGRM () Delete
Name: ALTMAN, SHERRY F
Address: 48 MOUNTAIN BROOK RD.
City-St-Zip: WEST HARTFORD, CT 06117 US

Title: MGRM () Delete
Name: ALTMAN, JEFFREY D
Address: 48 MOUNTAIN BROOK RD.
City-St-Zip: WEST HARTFORD, CT 06117 US

Title: MGRM () Delete
Name: ALTMAN, SHANA G
Address: 5151 E MADISON LAKES CIRCLE
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM () Delete
Name: ALTMAN, RACHEL S
Address: 48 MOUNTAIN BROOK RD.
City-St-Zip: WEST HARTFORD, CT 06117 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALTMAN, SHARON F
Address: 48 MOUNTAIN BROOK RD.
City-St-Zip: WEST HARTFORD, CT 06117 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHARON F ALTMAN

MGRM

03/12/2009

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