

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130741

Entity Name: LINDA SCHARPEGER LMT., INC.

Current Principal Place of Business:

501 GOODLETTE RD N.
C107
NAPLES, FL 34102

Current Mailing Address:

1125 SHADY REST LANE
NAPLES, FL 34103 US

FEI Number: 30-0213544

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHARPEGER, LINDA
1125 SHADY REST LANE
NAPLES, FL 34103 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

Officer/Director Detail :

Title D
Name SCHARPEGER, LINDA
Address 1125 SHADY REST LANE
City-State-Zip: NAPLES FL 34103

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA SCHARPEGER

DIRECTOR

04/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date