

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040931

Entity Name: SHARELLE, INC.**Current Principal Place of Business:**1400 ALABAMA AVENUE, SUITE 20
WEST PALM BEACH, FL 33401**Current Mailing Address:**1400 ALABAMA AVENUE, SUITE 20
WEST PALM BEACH, FL 33401**FEI Number:** 30-0304141**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURKHARDT, VINCENT G
1400 ALABAMA AVENUE, #20
WEST PALM BEACH, FL 33401 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	PT
Name	BURKHARDT, SHARON H
Address	1400 ALABAMA AVENUE, SUITE 20
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VPD
Name	BURKHARDT, VINCENT G
Address	1400 ALABAMA AVENUE, SUITE 20
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VPS
Name	HAYNES, LORELLE S
Address	1400 ALABAMA AVENUE, SUITE 20
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VPD
Name	HAYNES, DENNIS
Address	1400 ALABAMA AVENUE, SUITE 20
City-State-Zip:	WEST PALM BEACH FL 33401

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: SHARON H. BURKHARDT

PT

01/27/2016

Electronic Signature of Signing Officer/Director Detail_____
Date