MANAGING MEMBER

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

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent Т

Authorized Person(s) Detail :

Authorized Person(s) Detail :					
	Title	MGR	Title	MGRM	
	Name	CARTER, JANE	Name	CARTER, MICHAEL R	
	Address	4010 CEDAR CAY CIRCLE	Address	3614 CORDGRASS DRIVE	
	City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596	

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.

FEI Number: 11-3658508 Name and Address of Current Registered Agent:

Current Mailing Address: 4010 CEDAR CAY CIRCLE VALRICO, FL 33596

DOCUMENT# L02000016122

4010 CEDAR CAY CIR VALRICO, FL 33596

Entity Name: 10612 SHELDON ROAD, LLC

Current Principal Place of Business:

CARTER, JANE 4010 CEDAR CAY CIRCLE VALRICO, FL 33596 US

SIGNATURE:

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2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2019 Secretary of State 4492138984CC

Date

Certificate of Status Desired: No

Date

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE CARTER

02/20/2019