

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038628

**Entity Name:** SHARON FITZKE, LLC

**Current Principal Place of Business:**

229 SE ORIOLE AVENUE  
STUART, FL 34996

**Current Mailing Address:**

229 SE ORIOLE AVENUE  
STUART, FL 34996 US

**FEI Number:** 20-2713060

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FITZKE, SHARON  
229 SE ORIOLE AVENUE  
STUART, FL 34996 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            FITZKE, SHARON  
Address        229 SE ORIOLE AVENUE  
City-State-Zip: STUART FL 34996

*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:** SHARON FITZKE

MGRM

01/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date