

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON FITZKE

MGRM

01/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date