## 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

FILED Jan 26, 2015

**Secretary of State** 

CC7748650790

## 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