

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061830

Entity Name: SHARAFL, LLC**Current Principal Place of Business:**5151 E. MADISON LAKES CIRCLE
DAVIE, FL 33328**Current Mailing Address:**5151 E. MADISON LAKES CIRCLE
DAVIE, FL 33328 US**FEI Number:** 26-2858377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALTMAN, SHANA G ESQ.
5151 E. MADISON LAKES CIRCLE
DAVIE, FL 33328 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:** SHANA G. ALTMAN

03/15/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	ALTMAN, SHARON F
Address	48 MOUNTAIN BROOK RD.
City-State-Zip:	WEST HARTFORD CT 06117

Title	MGRM
Name	ALTMAN, JEFFREY DR
Address	5151 MADISON LAKES CIR E
City-State-Zip:	DAVIE FL 33328

Title	MGRM
Name	ALTMAN, RACHEL S
Address	48 MOUNTAIN BROOK RD.
City-State-Zip:	WEST HARTFORD CT 06117

Title	MANAGER
Name	ALTMAN, SHANA G ESQ.
Address	48 MOUNTAIN BROOK RD
City-State-Zip:	WEST HARTFORD CT 06117

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 F ALTMAN

MANAGER

03/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date