

**2013 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, SHARON F  
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:**

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 DDR  
Address 5151 MADISON LAKES CIR E  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name ALTMAN, SHANA G  
Address 5151 E MADISON LAKES CIRCLE  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name ALTMAN, RACHEL S  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON F ALTMAN

**MEMBER**

**01/09/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date