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: JONATHAN S LINFORTH

Electronic Signature of Signing Authorized Person(s) Detail

PARTNER

Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

| Title | MGR | Title | PART |
|-----------------|------------------------|-----------------|-----------------------------|
| Name | STEPHENS, SHARON K | Name | LINFORTH, JONATHAN S |
| Address | 267 EAST CHERRY STREET | Address | 115 E CEDAR ST |
| City-State-Zip: | GROVELAND FL 34736 | City-State-Zip: | HOWEY IN THE HILLS FL 34737 |
| | | | |

03/19/2020

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061555

Entity Name: SHARON K. STEPHENS, LLC

Current Principal Place of Business:

25641 MONROE STREET ASTATULA FL 34705

Current Mailing Address:

267 EAST CHERRY STREET GROVELAND. FL 34736 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

STEPHENS, SHARON K 25641 MONROE STREET ASTATULA, FL 34705 US

FILED Mar 19, 2020 Secretary of State 1684164265CC

Date