2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2015
Secretary of State
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Entity Name: SHARPLES AND KENJOSIAN LLC

Current Principal Place of Business:

P O BOX 3567
BELLEVIEW, FL 34421-3567

Current Mailing Address:

P O BOX 3567
BELLEVIEW, FL 34421-3567 US

FEI Number: 45-4571840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARPLES, FRANCINE
7 DOGWOOD CT
OCALA, FL 34472 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	MGR	Title	MGR
Name	KENJOSIAN, PETER H	Name	SHARPLES, FRANCINE
Address	2648 WATERVIEW DR	Address	7 DOGWOOD CT
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	OCALA FL 34472

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: FRANCINE SHARPLES MGR 01/29/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date