

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000086554

**Entity Name:** SHARLUN CONSULTING, LLC

**Current Principal Place of Business:**

9111 CHULA VISTA STREET  
UNIT #11602  
NAPLES, FL 34113

**Current Mailing Address:**

9111 CHULA VISTA STREET  
UNIT #11602  
NAPLES, FL 34113 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIN, VIRGINIA JANE  
9111 CHULA VISTA STREET  
UNIT #11602  
NAPLES, FL 34113 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:** VIRGINIA J. LEWIN

09/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LEWIN, VIRGINIA JANE  
Address 9111 CHULA VISTA STREET  
UNIT #11602  
City-State-Zip: NAPLES FL 34113

*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:** VIRGINIA J. LEWIN

**OWNER**

09/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date