

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000107323

Entity Name: SHARO, LLC

**Current Principal Place of Business:**

3801 S OCEAN DR  
UNIT 12E  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1109 ALEXANDER BEND  
WESTON, FL 33327 US

FEI Number: 47-4360870

Certificate of Status Desired: No

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

ARGENTAX LLC  
20801 BISCAYNE BLVD.  
SUITE 403  
AVENTURA, FL 33180 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 MMGR  
Name WILLIAMS, ESTANISLAO SR.  
Address 210, 174 STREET # 2001  
City-State-Zip: SUNNY ISLES FL 33160

Title S  
Name GARCIA, EVANGELINA R MS.  
Address 210, 174 STREET # 2001  
City-State-Zip: SUNNY ISLES FL 33160

Title MGR  
Name BOBBIO, MARCOS VICENTE  
Address 1109 ALEXANDER BEND  
City-State-Zip: WESTON FL 33327

Title MGR  
Name BOBBIO, MARCELA ENRIQUETA  
Address 1109 ALEXANDER BEND  
City-State-Zip: WESTON FL 33327

Title MGR  
Name BOBBIO, DONATELLA LOURDES  
Address 1109 ALEXANDER BEND  
City-State-Zip: WESTON FL 33327

Title MGR  
Name BOBBIO, PATRICIO MANUEL  
Address 1109 ALEXANDER BEND  
City-State-Zip: WESTON FL 33327

Title MGR  
Name BOBBIO, MARIA EVANGELINA  
Address 1109 ALEXANDER BEND  
City-State-Zip: WESTON FL 33327

*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: ESTANISLAO WILLIAMS

MGR

04/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date