

2018 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
1241 CANARY ISLAND DR
WESTON, FL 33327 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: EVANGELINA GARCIA**SECRETARY****04/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date