# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000211314

Entity Name: SHARPLES LLC

### **Current Principal Place of Business:**

4840 SOUTH PENINSULA PONCE INLET, FL 32127-7223

## **Current Mailing Address:**

4840 SOUTH PENINSULA PONCE INLET, FL 32127-7223 US

## FEI Number: 81-4557922

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

SHARPLES, D. KENT 4840 SOUTH PENINSULA PONCE INLET, FL 32127-7223 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SHARPLES, D. KENT	Name	SHARPLES, LINDA
Address	4840 S. PENINSULA	Address	4840 S. PENINSULA
City-State-Zip:	PONCE INLET FL 32127-7223	City-State-Zip:	PONCE INLET FL 32127-7223

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: D. KENT SHARPLES

MGR

03/31/2020 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 31, 2020 Secretary of State 8589556224CC

Certificate of Status Desired: No

Date