

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000191952

**Entity Name:** SHARON ABRAMS LLC

**Current Principal Place of Business:**

2316 SW LEJUNE ST  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

2316 SW LEJUNE ST  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 86-3516701

**Certificate of Status Desired:** No

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

ABRAMS, SHARON MARIE  
2316 SW LEJUNE ST  
PORT ST LUCIE, FL 34953 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:** SHARON ABRAMS

10/13/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ABRAMS, SHARON  
Address 2316 SW LEJUNE ST  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** SHARON ABRAMS

SHARON ABRAMS SOLE  
MBR

10/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date