

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000004147

Entity Name: SHARON FONSECA LLC

Current Principal Place of Business:

7505 NW 97TH CT
DORAL, FL 33178

Current Mailing Address:

7505 NW 97TH CT
DORAL, FL 33178

FEI Number: 87-4299707

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARON ONIS FONSECA NEGRON
7505 NW 97TH CT
DORAL, FL 33178 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 AMBR
Name SHARON ONIS FONSECA NEGRON
Address 7505 NW 97TH CT
City-State-Zip: DORAL FL 33178

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 FONSECA

AMBR

02/12/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date