

**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