

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050449

Entity Name: SHARON A. JONES LLC

FILED  
May 03, 2007  
Secretary of State

**Current Principal Place of Business:**

6422 MURRAY HILL DR  
TAMPA, FL 336153451

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 262423  
TAMPA, FL 336852423

**New Mailing Address:**

FEI Number: 20-0422852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

JONES, GARY L  
6422 MURRAY HILL DR  
TAMPA, FL 336153451 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, GARY  
Address: 6422 MURRAY HILL DR  
City-St-Zip: TAMPA, FL 336153451

Title: MGRM ( ) Delete  
Name: JONES, SHARON A  
Address: 6422 MURRAY HILL DR  
City-St-Zip: TAMPA, FL 336153451

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHARON A JONES

MGRM

05/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date