

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050449

Entity Name: SHARON A. JONES LLC

**FILED**  
**Apr 04, 2011**  
**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 ( )

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

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

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

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  
Name: JONES, GARY L  
Address: 6422 MURRAY HILL DR  
City-St-Zip: TAMPA, FL 336153451

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

I hereby 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: GARY L JONES

MGRM

04/04/2011

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