2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054959

1. Entity Name
SHERYL LEE SCHEIBE, P.L.

Principal Place of Business	Mailing Address
116 CANDLEWICK RD ALTAMONTE SPRINGS, FL 32714	116 CANDLEWICK RD ALTAMONTE SPRINGS, FL 32714

01172005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIEBE, SHERYL LEE
116 CANDLEWICK RD
ALTAMONTE SPRINGS, FL 32714

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000189084
01/24/05-80081-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHEIBE, SHERYL L
STREET ADDRESS	116 CANDLEWICK RD.
CITY ST ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Sheryl L. Scheibe 1/12/05 407-862-6539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE