

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90116 012 \*\*\*\*55.00

**DOCUMENT # L04000023500**

1. Entity Name

SHARON CAMP L.L.C.



Principal Place of Business

34 SHARONWOOD DRIVE  
CRAWFORDVILLE FL 32327

Mailing Address

34 SHARONWOOD DRIVE  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
- Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMP, SHARON  
34 SHARONWOOD DR  
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
CAMP, SHARON  
34 SHARONWOOD DR  
CRAWFORDVILLE FL 32327

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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: Sharon Camp Sharon Camp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-28-05  
Date

556-4383  
Daytime Phone #