

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000011462

Entity Name: SHEILA K. LLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7129 LAKERIDGE VIEW CT.  
#503  
FT MYERS, FL 33907

**New Principal Place of Business:**

8473 BAY COLONY DR  
# 403  
NAPLES, FL 34108

**Current Mailing Address:**

8473 BAY COLONY DR.  
#403  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 04-3843939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LESTER, SHEILA K  
8473 BAY COLONY DR.  
#403  
NAPLES, FL 34108 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: MGR  
Name: LESTER, SHEILA K  
Address: 8473 BAY COLONY DR.. #403  
City-St-Zip: NAPLES, FL 34108

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: SHEILA K.LESTER

MGR

01/11/2012

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