

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022421

Entity Name: SHERON HOLDINGS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4376 FOX RIDGE DRIVE
WESTON,, FL 33331

New Principal Place of Business:

111 NORTH PINE ISLAND ROAD
SUITE 202
PLANTATION, FL 33324

Current Mailing Address:

4376 FOX RIDGE DRIVE
WESTON,, FL 33331

New Mailing Address:

111 NORTH PINE ISLAND ROAD
SUITE 202
PLANTATION, FL 33324

FEI Number: 20-8818894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERON, SCOTT M
4376 FOX RIDGE DRIVE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SHERON, SCOTT M
111 NORTH PINE ISLAND ROAD
SUITE 202
PLANTATION, FL 33324 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: SCOTT M. SHERON

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHERON, SCOTT M
Address: 4376 FOX RIDGE DRIVE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: SHERON, CHARLES M
Address: 600 RIVER CHASE POINT, N.W.
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHERON, SCOTT M
Address: 111 NORTH PINE ISLAND ROAD, SUITE 202
City-St-Zip: PLANTATION, FL 33324

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: SCOTT M. SHERON

MGR

04/30/2009

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