

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073510

Entity Name: SHARYL LEIFELD LLC

**FILED**  
**Jul 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4464 W MAINMAST CT.  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

4464 W MAINMAST CT.  
FT. MYERS, FL 33919

**New Mailing Address:**

FEI Number: 51-9584764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEIFELD, SHARYL  
4464 W MAINMAST CT.  
FT. MYERS, FL 33919 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: LEIFELD, SHARYL  
Address: 4464 W MAINMAST CT.  
City-St-Zip: FT. MYERS, FL 33919

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: SHARYL LEIFELD

MGR

07/19/2012

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