2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 05, 2008 8:00 am
Secretary of State
05-05-2008 90038 027 ***138.75

DOCUMENT # L07000042121

1. Entity Name
SHARCASS INVESTMENTS, LLC

Principal Place of Business	Mailing Address
5619 MAARSHFIELD DR PORT ORANGE FL 32127 US	5619 MAARSHFIELD DR PORT ORANGE FL 32127 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1962 Turnbull Lakes Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach FL	City & State: New Smyrna Beach FL.
Zip: 32168 Country:	Zip: 32168 Country:

4. FEI Number: 20-8847341 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: ~~Sharon K. Sharon~~ DELETE
Street Address (P.O. Box Number is Not Acceptable): ~~1962 Turnbull Lakes Dr~~
City: ~~New Smyrna Beach~~ FL Zip Code ~~32168~~

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	SHARON, SHARON K		NAME	Sharon, Sharon K.	
STREET ADDRESS	5619 MAARSHFIELD DR		STREET ADDRESS	1962 Turnbull Lakes Dr	
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP	New Smyrna Beach, FL. 32168	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	CASSADY, SCOTT A		NAME	Cassady, Scott A.	
STREET ADDRESS	5619 MAARSHFIELD DR		STREET ADDRESS	1962 Turnbull Lakes Dr. 32168	
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP	New Smyrna Beach, FL.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 K. Sharon / Sharon K. Sharon 4-16-08 (386)-788-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #