

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128236

FILED
May 01, 2009
Secretary of State

Entity Name: SHARP'S ENTERPRISES OF NORTH FLORIDA, L.L.C.

Current Principal Place of Business:

2509 WEST 25TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56008
JACKSONVILLE, FL 322416008

New Mailing Address:

FEI Number: 52-2397965 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHARP, ULYSSEE JR
2509 WEST 25TH STREET
JACKSONVILLE, FL 32209 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARP, ULYSSEE JR
Address: 2509 WEST 25TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM () Delete
Name: SHARP, LUCINDA
Address: 2509 WEST 25TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGR () Delete
Name: SHARP, BRE'ANA
Address: P.O. BOX 56008
City-St-Zip: JACKSONVILLE, FL 322416008

Title: MGR () Delete
Name: SHERMAN, CARMELITA
Address: P.O. BOX 56008
City-St-Zip: JACKSONVILLE, FL 322416008

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ULYSSEE SHARP JR.

MGRM

05/01/2009

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