

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089587

Entity Name: SHARED COST, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

STUART WEST/COBBLESTONE GATEHOUSE  
3501 SW STUART WEST BLVD  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

STUART WEST/COBBLESTONE GATEHOUSE  
3501 SW STUART WEST BLVD  
PALM CITY, FL 34990 US

**New Mailing Address:**

FEI Number: 36-4676783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHWEIGER, ROBERT L  
9752 SW SANTA MONICA DRIVE  
PALM CITY, FL 34990 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: MGRM  
Name: STUART WEST POA, INC.  
Address: POB 1335  
City-St-Zip: PALM CITY, FL 34991 US

Title: MGRM  
Name: COBBLESTONE HOA, INC.  
Address: POB 688  
City-St-Zip: PALM CITY, FL 34991 US

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: ROBERT L. SCHWEIGER

MGR

01/04/2012

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