				ed Liability C	ompany will be	•	4. Mar.		
LIMITE A	D LIABILITY INNUAL RE 1998	3		Sandra B Secretar DIVISION OF C	TMENT OF STATE Mortham y of State ORPORATIONS	9	SECRETARY I VISION OF COI 8 MAY 15	OF STATE RPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
1. Name and Malling Address of Limited Liability Company DOCUMENT # 19700000824]			
SHARON GROVES, L.C. PO BOX 265 WAUCHULA FL 33873						1a. Principal Place of Business Address 205 SR 62 BOWLING GREEN FL 33834 1459 Lish Dr Wauchula, F/ 33873			
2. Principal Place of Business 1459 Lisa Dr 1459 Lisa Dr Sulie, Apt. #, etc. 2a. Mailing Address 1459 Lisa Dr Suite, Apt. #, etc.						3. Date Organized or Qualified / 3a. State of Formation 07/28/1997 FL 4. FEI Number			
City & Step	ruch	ula Sountry C.A.	City &	Mache	ula oungy C 1	65-0 5. Date of Last F	· 1_		
90	7. Name at	nd Address of Curre	ni Registere	0010 ed Agent	H > F1 8.	Name and Addres		المراجعة المراجعة	=
MOYE, RONALD F 205 SR 62 BOWLING GREEN FL 33834 Suite, Apt. #, etc.						O GC ROLLAF 5.0, Box Number is Not Acceptable) 59 h i SADr			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-flamed limited lits registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmati						Liability company submits this statement for the purpose of changing tive vote of a majority of the members. I hereby accept the appointment			
as registered agent, and accept the obligations. SIGNATURE						OC) 100025 _{DATE} -05/19/	52851n	7
(Registered Agent According Appointment) (10, Title Managing Members/Managers					gnature required when reinstating		****18	8 75 *** 158 ate and Zip Code	75
MGRM MGRM			20 MM 1459 20 MM 1 20 MM 1	CASA LISADI IGA DR KISA	r Dr	WAUCHUL			
•					····				
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 expowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.									
SIGN	ATURE:		LOLL 410-09 PRINTE	TO NAME OF BIGNING MANA	AGING MEMBER CRANNAGER		5-/-	98 Daylinio Prioric #	

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