

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90066 019 ****50.00

DOCUMENT # L98000002781					
1. Entity Name SHARLYN INVESTMENTS, L.L.C.					
Principal Place of Business 1137 BREAKWATER COURT MARCO ISLAND, FL 34145			Mailing Address 1137 BREAKWATER COURT MARCO ISLAND, FL 34145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3545456	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, EDWARD 1137 BREAKWATER COURT MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, EDWARD 1137 BREAKWATER COURT MARCO ISLAND, FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, LYNN 1137 BREAKWATER COURT MARCO ISLAND, FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEATHERS, HARRY 360 BACKBAY CRESCENT VIRGINIA BEACH, VA 23456	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEATHERS, SHARON 360 BACKBAY CRESCENT VIRGINIA BEACH, VA 23456	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEATHERS, SHARON 360 BACKBAY CRESCENT VIRGINIA BEACH, VA 23456	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEATHERS, SHARON 360 BACKBAY CRESCENT VIRGINIA BEACH, VA 23456	☐ Delete			
11. I 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 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 of the fees empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE _____		Harry Weathers, Mgrm		April 27, 2004 239-393-0193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					