

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0039680

DOCUMENT # L98000002781 1. Entity Name SHARLYN INVESTMENTS, L.L.C.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 AM 8:28

Principal Place of Business 1137 BREAKWATER COURT MARCO ISLAND FL 34145	Mailing Address 1137 BREAKWATER COURT MARCO ISLAND FL 34145
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3545456 Applied For ☐ Not Applicable	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 *Edward Brown* (NOTE: Registered Agent signature required when reinstating) DATE 6-25-3

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	500021157935 ☐ Change ☐ Addition
NAME	BROWN, EDWARD	NAME	06/26/03--01050--002 **58.75
STREET ADDRESS	1137 BREAKWATER COURT	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, LYNN	NAME	
STREET ADDRESS	1137 BREAKWATER COURT	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEATHERS, HARRY	NAME	
STREET ADDRESS	360 BACKBAY CRESCENT	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEATHERS, SHARON	NAME	
STREET ADDRESS	360 BACKBAY CRESCENT	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456	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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Edward Brown* **REQUIRED** 6-25-3 239-641-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)