

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90033 013 ****50.00

DOCUMENT # M02000000482

1. Entity Name
SHARMA MANAGEMENT, LLC



Principal Place of Business
**14700 YONGE DRIVE
HANGAR 18
JACKSONVILLE, FL 32218**

Mailing Address
**2301 N. GREENVILLE AVE., STE 150
RICHARDSON, TX 75080**

60041138



2. Principal Place of Business - No P.O. Box #

14600 Whirlwind

3. Mailing Address

Suite, Apt. #, etc.

Hanger #3

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32218

Country

US

Zip

Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number

75-2734413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HELD, MICHAEL
2301 N. GREENVILLE AVE., STE 150
RICHARDSON, TX 75082** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/07

972-644-3167