

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023208

**Entity Name:** SHARICH, LLC

**Current Principal Place of Business:**

4872 HIDDEN BRANCHES DR.  
DUNWOODY, GA 30338

**Current Mailing Address:**

4872 HIDDEN BRANCHES DR.  
DUNWOODY, GA 30338 US

**FEI Number:** 20-8978266

**Certificate of Status Desired:** No

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

ROSE, ELLEN ESQ  
901 PONCE DE LEON BLVD.  
10TH FLOOR  
CORAL GABLES, FL 33134 US

*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

**Authorized Person(s) Detail :**

|                 |                            |                 |                        |
|-----------------|----------------------------|-----------------|------------------------|
| Title           | MGRM                       | Title           | SECRETARY, TREASURER   |
| Name            | SILVERS, SHARI L           | Name            | GATES, HILARIE S.      |
| Address         | 4872 HIDDEN BRANCHES DRIVE | Address         | 104 UNDERHILL RD       |
| City-State-Zip: | DUNWOODY GA 30338          | City-State-Zip: | MILL VALLEY CA 94941   |
|                 |                            |                 |                        |
| Title           | PRESIDENT                  | Title           | VP                     |
| Name            | LEVENSON, RYAN S.          | Name            | SCHILLER, STEPHANIE S. |
| Address         | 1112 W. NOKOMIS CIRCLE     | Address         | 6990 DEVONHALL WAY     |
| City-State-Zip: | KNOXVILLE TN 37919         | City-State-Zip: | JOHNS CREEK GA 30097   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARI SILVERS

**MANAGER**

**01/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date