

**2014 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

**FEI Number:** 20-8978266

**Certificate of Status Desired:** No

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

ROSE, ELLEN ESQ  
2699 S. BAYSHORE DRIVE  
7TH FLOOR  
MIAMI, FL 33133 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  
Name SILVERS, SHARI L  
Address 4872 HIDDEN BRANCHES DRIVE  
City-State-Zip: DUNWOODY GA 30338

Title SECRETARY, TREASURER  
Name GATES, HILARIE S.  
Address 260 MORNING SUN AVENUE  
City-State-Zip: MILL VALLEY CA 94941

Title PRESIDENT  
Name LEVENSON, RYAN S.  
Address 3810 KEOWEE AVE  
City-State-Zip: KNOXVILLE TN 37919

Title VP  
Name SCHILLER, STEPHANIE S.  
Address 6990 DEVONHALL WAY  
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 L. SILVERS

**MANAGER**

**01/08/2014**

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

\_\_\_\_\_  
Date