

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099612

**Entity Name:** SHARON E ANDERSON LLC

**Current Principal Place of Business:**

63 HAMILTON HEATH DR  
TAMPA, FL 33604

**Current Mailing Address:**

63 HAMILTON HEATH DR  
TAMPA, FL 33604

**FEI Number:** 46-1749078

**Certificate of Status Desired:** No

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

ANDERSON, SHARON E  
63 HAMILTON HEATH DR  
TAMPA, FL 33604 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 ANDERSON, SHARON E  
Address 63 HAMILTON HEATH DR  
City-State-Zip: TAMPA FL 33604

*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:** SHARON E ANDERSON

**MANAGER**

**02/29/2016**

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

\_\_\_\_\_  
Date