

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123812

**Entity Name:** SHARPEN LLC

**Current Principal Place of Business:**

C/O DIFALCO & FERNANDEZ, LLLP  
777 BRICKELL AVENUE, SUITE 630  
MIAMI, FL 33131

**Current Mailing Address:**

C/O DIFALCO & FERNANDEZ, LLLP  
777 BRICKELL AVENUE, SUITE 630  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

DIFALCO & FERNANDEZ, LLLP  
777 BRICKELL AVENUE  
SUITE 630  
MIAMI, FL 33131 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 DO PINHO OLIVEIRA, ALOISIO  
Address C/O D&F LLLP, 3301 PONCE DE LEON  
BLVD.#200  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALOISIO DO PINHO OLIVEIRA

**MANAGER**

**03/21/2016**

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

\_\_\_\_\_  
Date