

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000141150

Entity Name: SHARKEYRE LLC

Current Principal Place of Business:

850 NW FEDERAL HIGHWAY
SUITE 179
STUART, FL 34994

Current Mailing Address:

850 NW FEDERAL HIGHWAY
SUITE 179
STUART, FL 34994 US

FEI Number: 45-4076745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARKEY, BRIAN D
10971 SW HARTWICK DRIVE
PORT SAINT LUCIE, FL 34987 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 SHARKEY, BRIAN D
Address 10971 SW HARTWICK DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34987

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: BRIAN SHARKEY

MEMBER

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date