

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000078174

Entity Name: SHARON'S DREAM LLC

Current Principal Place of Business:

140 WEST 9TH STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

140 WEST 9TH STREET
JACKSONVILLE, FL 32206 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCLUKE BUSINESS SERVICES INC
140 WEST 9TH STREET
JACKSONVILLE, FL 32206 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 AMBR
Name MCCASKEY, SHARON A
Address 140 WEST 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title AMBR
Name CRAWFORD, PRISCILLA
Address 1911 VILLAGE RUN PL
City-State-Zip: ST. JOHNS FL 32259

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 A. MCCASKEY

AMBR

03/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date