

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000095970

Entity Name: SHARON ANNE LEVESQUE LLC

Current Principal Place of Business:

5174 ROMA ST
AVE MARIA, FL 34142

Current Mailing Address:

5174 ROMA ST
AVE MARIA, FL 34142 US

FEI Number: 88-0842227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARIEPY, LEE
5644 TAVILLE CIRCLE UNIT 205
NAPLES, FL 34110 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 MGMR
Name LEVESQUE, SHARON
Address 5174 ROMA ST
City-State-Zip: AVE MARIA FL 34142

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 LEVESQUE

MGMR

04/30/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date