

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000140**

1. Entity Name  
**SOUTH FLORIDA CONSULTING GROUP, LLC**

FILED

01 APR 18 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**200 EAST LAS OLAS BOULEVARD, SUITE 1800  
FORT LAUDERDALE FL 33301**

Mailing Address  
**200 EAST LAS OLAS BOULEVARD, SUITE 1800  
FORT LAUDERDALE FL 33301**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 6204**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**DEL RAY BEACH FL**

City & State  
**DEL RAY BEACH FL**

Zip  
**33482-6204**

Country  
**PALEM BEACH**

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HANLEY, DAVID F ESQ.  
200 EAST LAS OLAS BOULEVARD, SUITE 1800  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President MARK BEAGLE 7588 GREENVILLE CIR LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CHRIS MCCARTHY 40 HASTINGS LN BOYTON BEACH FL 33426</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: **MARK BEAGLE** Vice President **3/4/2001** 954-816-6415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)