

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000205195

Entity Name: SFFMG LLC**Current Principal Place of Business:**9 E. LOOCKERMAN ST.
SUITE # 3A
DOVER, DE 19901**Current Mailing Address:**7050 W. PALMETTO PARK RD.
SUITE #240
BOCA RATON, FL 33433 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEINBERG, MARK S ATTNY
9100 S. DADELAND BLVD.
SUITE # 1607
MIAMI, FL 33156 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:** MARK STEINBERG

04/25/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--|
| Title | COL. |
| Name | LEE, DANIEL AFFIANT |
| Address | 7050 W. PALMETTO PARK RD. SUITE # 15-240 |
| City-State-Zip: | BOCA RATON FL 33433 |
| Title | DIRECTOR - BUREAU/INSTITUTE JOINT BOARD OF TRUSTEES |
| Name | THE CAB - NATIONAL LAW ENFORCEMENT & PROSECUTORIAL INSTITUTE |
| Address | 7000 W. PALMETTO PARK RD. MEDIATION / EVIDENTIARY HEARING ROOM [2ND FLOOR] |
| City-State-Zip: | BOCA RATON FL 33433 |

| | |
|-----------------|---------------------------|
| Title | DR. |
| Name | GREENE, MICHAEL INSPCTR |
| Address | 7000 W. PALMETTO PARK RD. |
| City-State-Zip: | BOCA RATON FL 33433 |

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: DR MICHAEL GREENE

ASSOCIATE/CONSULTANT/REP 04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date