

**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 DR.  
Name GREENE, MICHAEL INSPCTR  
Address 7000 W. PALMETTO PARK RD.  
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

*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/CONSULTAN 04/25/2019  
T/REP

Electronic Signature of Signing Authorized Person(s) Detail

Date