## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000004889

1. Entity Name

SHARMAR, LLC

SIGNATURE: SIGNATURE AND TYPED OR P



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90021 014 \*\*\*\*50.00

561-241-1600

Daytime Phone #

Steel Address of Current Registered Agent   Steel Address of Status Desired   Status Desired Agent	!				WI TO				
BOYNTON BEACH FL 33437  BOYNTON BEACH FL 33437  Suite, Apt. #, etc.   City & State   City & Ci	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number   NOT APPLICABLE   Applied   Not Applicable   Not Applicable   Not Applicable   Not Applicable   Not Applicable   St. Certificate of Status Desired   St. O. Addition   St. Certificate of Status Desired   St. Certificate of Status Desired Agent   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)    The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE   Street Address (P.O. Box Number is Not Acceptable)   DATE    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003   DATE   Change	12386 PLEASANT GREEN WAY						•		
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   4. FEI Number   NOT APPLICABLE   Applied   Not Applicable   Not Applicable   Not Applicable   Not Applicable   Not Applicable   S5.00 Addition   S6.00 Addition   S6	2. Principal f	Place of Business	3. Mailing Address	· <del>=</del> ··					
City & State  Country  Country  S. Certificate of Status Desired  \$5.00 Addition Fee Required  7. Name and Address of New Registered Agent  RUTHERFORD, MULHALL & WARGO, P.A. 2800 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON FL 33431  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Make Check Payable to Florida Department of both, in the State of Florida. I am familiar with, and the collipations of registered agent.  SIGNATURE  Signature. Now of printed name of implemed agent and the if applicable  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  INTEL  NAME  NOWAK, SHARI 13288 PLEASANT GREEN WAY BOYNTON BEACH FL 33437  Delete  INTEL  NAME  SIREET ADDRESS  CITY-ST-Zip  INTEL  STATE ADDRESS  CITY-ST-Zip  INTEL  Change  Chang	Cuite And	4 .1-					. Bashi gaini 98til 98til	BBITT MISKT I BIBL	ICHE IEN HER
Zip Country Zip Country 5. Certificate of Status Desired S5.00 Addition Fee Required RUTHERFORD, MULHALL & WARGO, P.A. 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON FL 33431  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. I am familiar with, and the obligations of registered agent and the # explicable.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE NOW!!! FEE IS \$50.00  MIRE NOWAK, SHARI 12386 PLEASANT GREEN WAY BOYNTON BEACH FL 33437  ITILE NAME STREET ADDRESS OTTY-\$1-2P	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECI	K HERE IF MAKIN	NG CHANGES	S
S. Certificate of Status Desired   \$3.00 Addition Fee Required Fee Req			City & State	City & State		4. FEI Number NOT	APPLICABLI		applied For lot Applicable
RUTHERFORD, MULHALL & WARGO, P.A. 2600 N. MILTARY TRAIL, 4TH FLOOR BOCA RATON FL 33431  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  (NOTE Registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and the if applicable.    NOTE Registered Agent, required when reinstating)   DATE    PILE NOW!!! FEE Is \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003   Due By May 1, 2003   MANAGING MEMBERS/MANAGERS   10. ADDITIONS/CHANGES   Change   C	Zip	Country Zip Count				5. Certificate of Status D	esired	\$5.00 Ac	dditional
RUTHERFORD, MULHALL & WARGO, P.A. 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATION FL 33431  City  City  FL  Zip Code  6. 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. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the if applicable.  NOTE: Registered Agent agentation required when removalingly.  P. MANAGING MEMBERS / MANAGERS  ITILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  ITILE NAME SIREET ADDRESS  CITY-51-ZIP  ITILE NAME SIREET ADDRESS  CITY-51-ZIP  ITILE NAME SIREET ADDRESS  CITY-51-ZIP  TITLE NAME SIREET ADDRESS  CITY-51-ZIP  Change Chan		6. Name and Address of Curre	ent Registered Agent	<u> </u>		7. Name and Address of	f New Registere		ea
2800 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON FL 33431  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature. Symbol or printed name of registered agent and site if applicable. (NOTE Registered Agent algorithms devine neutrating)   Part	RUI			Name	)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature	260	0 N. MILITARY TRAIL, 4TH FLOO		Stree	Address (F	P.O. Box Number is Not Acc	ceptable)		_
SIGNATURE    Signature   Signa				City	<u> </u>		F	Zip Co	de
SIGNATURE Signature, typed or printed name of registered againt and title if applicable  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	8. The above	named entity submits this statement	t for the purpose of changing it	s registered office	or registere	ed agent, or both, in the Sta	ite of Florida. I an	n familiar with	, and accept
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent algnature required when reinstalling)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME NOWAK, SHARI 12386 PLEASANT GREEN WAY BOYNTON BEACH FL 33437  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-Z									•
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME NOWAK, SHARI 12386 PLEASANT GREEN WAY BOYNTON BEACH FL 33437  TITLE NAME STREET ADDRESS CITY-ST-ZIP		Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent sig	ature required	when reinstating)	DATE		
TITLE NAME NOWAK, SHARI 12386 PLEASANT GREEN WAY BOYNTON BEACH FL 33437  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	•		Make Check Payab	ole to Florida D	epartmen	t of State			
NAME SIREET ADDRESS CITY-ST-ZIP  NOWAK, SHARI 12386 PLEASANT GREEN WAY BOYNTON BEACH FL 33437  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	9.	MANAGING MEM	BERS/MANAGERS	10.		ADD	ITIONS/CHANGE	s	
STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			☐ Delete					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS	12386 PLEASANT GREEN WA	Y	STREET ADDRESS	;				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			☐ Delete	TITLE	,			☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	, · · · ·	☐ Delete	TITLE +	<del>  -</del>	. 7.60	<del></del>	Change	☐ Addition
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRESS									
TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS									
NAME STREET ADDRESS STREET ADDRESS			☐ ∩elete					□ Change	Addition
OTAL OF THE	NAME		Li bulu					☐ Change	
CITY-ST-ZIP									
ITTLE TITLE TO Delote TITLE					+				
TITLE Delete TITLE Change NAME			∟ Delete					Change	Addition
STREET ADDRESS STREET ADDRESS	STREET ADDRESS		•						-
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP		· · · · · ·	CITY-ST-ZIP					
			☐ Delete					☐ Change	☐ Addition
NAME STREET ADDRESS STREET ADDRESS									
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					1				