

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90170 042 ****50.00

DOCUMENT # L00000004937

1. Entity Name

THE SORAH GROUP, L.L.C.

Principal Place of Business

3404 FAIR OAKS AVE
TAMPA FL 33611
401 E Jackson St
#2500
Tampa, FL

Mailing Address

3404 FAIR OAKS AVE
TAMPA FL 33611

2. Principal Place of Business

401 E. JACKSON ST.
 Suite, Apt. #, etc.
#2500

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33602

Country

USA

Country

4. FEI Number

59-3643324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, LINDA L
BUCHANAN INGERSOLL P.C.
401 E. JACKSON STREET, SUITE 2500
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **SORAH, KENNETH W**
 STREET ADDRESS **P.O. BOX 2334**
 CITY-ST-ZIP **PLANTA CITY FL 33564**

TITLE **MGRM** ☐ Delete
 NAME **SPONAGLE, KENNETH**
 STREET ADDRESS **18008 PINNACLE CT**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **MGRM** ☐ Delete
 NAME **GIOVENCO, J. N**
 STREET ADDRESS **3404 FAIR OAKS AVE**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **MGRM** ☐ Delete
 NAME **KENNEDY, JAMES J III**
 STREET ADDRESS **401 E. JACKSON STREET, SUITE 2500**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/24/02

813-962-6200
 Daytime Phone #

CR2E083 (9/01)