

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

(Amended)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP -4 PM 1:57

99

DOCUMENT # L00000004937

1. Entity Name

The Sorah Group, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5815 Linebaugh Ave. W.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State

Zip  
33624

Country  
USA

Zip

Country

4. FEI Number

59-3643324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

900022935059

09/10/03--01073--005 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Linda L. Fleming

Street Address (P.O. Box Number is Not Acceptable)

401 E. Jackson Street, Suite 2500

City Tampa

FL 33602

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 accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Kenneth W. Sorah  
STREET ADDRESS c/o 401 E. Jackson St., Ste. 2500  
CITY-ST-ZIP Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME Kenneth Sponagle  
STREET ADDRESS c/o 401 E. Jackson St., Ste. 2500  
CITY-ST-ZIP Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME J. Norman Giovenco  
STREET ADDRESS c/o 401 E. Jackson St., Ste. 2500  
CITY-ST-ZIP Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME James J. Kennedy, III  
STREET ADDRESS 401 E. Jackson St., Ste. 2500  
CITY-ST-ZIP Tampa, FL 33602

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  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

8/3/03 (813) 962-6200

CR2E083B (12/02)