

DOCUMENT # L 00000006155

1. Entity Name

Sorin Financial Group, L.L.C.

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8155 Boca Rio Drive
Boca Raton, FL 33433

Mailing Address

8155 Boca Rio Drive
Boca Raton, FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kenneth S Pollock, P.A.
2400 E. Commercial Blvd.
Suite 517
Ft. Lauderdale, FL 33308

7. Name and Address of New Registered Agent

Name: Kenneth S Pollock
Street Address (P.O. Box Number is Not Acceptable)
2600 N. Military Trail
Suite 270
City Boca Raton FL Zip Code 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.

SIGNATURE Kenneth S Pollock Kenneth S. Pollock DL/SL
Signature, typed or printed name of registered agent and date if applicable. (NOTE: If allowed Agent signature must appear in parentheses) DATE

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-05/31/01--01094--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	Leonid Sorin	8155 Boca Rio Drive	Boca Raton, FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Leonid Sorin Leonid Sorin 5-1-01 84-684-4969
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #

CS2E063 (1/00)