

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000007843**

1. Entity Name

THE CONNELLY GROUP, LIMITED LIABILITY COMPANY

Principal Place of Business

5685 SW 80TH ST SUITE C

MIAMI  
33143

FL

Mailing Address

5685 SW 80TH ST SUITE C

MIAMI  
33143

FL

2. Principal Place of Business

5685 SW 80TH ST

Suite, Apt. #, etc.

SUITE C

City &amp; State

MIAMI

FL

Zip

33143

Country

3. Mailing Address

5685 SW 80TH ST

Suite, Apt. #, etc.

SUITE C

City &amp; State

MIAMI

FL

Zip

33143

Country

4. FEI Number

65-1019244

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**CONNELLY CHRISTOPHER R  
5685 SW 80TH ST SUITE CMIAMI  
33143

FL

**7. Name and Address of New Registered Agent**

Name

CONNELLY CHRISTOPHER R

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

5685 SW 80TH ST

SUITE C

City  
MIAMI

FL

Zip Code  
33143

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 **CHRISTOPHER R. CONNELLY****01/17/2001**

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****9. MANAGING MEMBERS / MEMBERS**

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

**10. ADDITIONS / CHANGES**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
NAME	CONNELLY JOEL M
STREET ADDRESS	5685 SW 80TH ST, SUITE C
CITY-ST-ZIP	MIAMI FL 33143
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
NAME	CONNELLY JAMIE J
STREET ADDRESS	5685 SW 80TH ST, SUITE C
CITY-ST-ZIP	MIAMI FL 33143
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
NAME	CONNELLY CHRISTOPHER R
STREET ADDRESS	5685 SW 80TH ST, SUITE C
CITY-ST-ZIP	MIAMI FL 33143
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CHRISTOPHER R. CONNELLY**

MGRM 01/17/2001

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

Date

Daytime Phone #

CR2E083 (11/00)