

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90002 004 ****50.00

DOCUMENT # L00000007843

1. Entity Name

THE CONNELLY GROUP, LIMITED LIABILITY COMPANY

040148



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5685 SW 80TH ST
 SUITE C
 MIAMI FL 33143

Mailing Address

5685 SW 80TH ST
 SUITE C
 MIAMI FL 33143

2. Principal Place of Business
 9834 Glades RD
 Suite, Apt. #, etc.
 C10
 City & State
 Boca Raton FL
 Zip
 33434
 Country
 USA

3. Mailing Address
 9834 Glades RD
 Suite, Apt. #, etc.
 C10
 City & State
 Boca Raton FL
 Zip
 33434
 Country
 USA

4. FEI Number 65-1019244
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CONNELLY, CHRISTOPHER R
 5685 SW 80TH ST
 SUITE C
 MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name
 CHRISTOPHER R. CONNELLY
 Street Address (P.O. Box Number is Not Acceptable)
 9289 Rutledge Ave
 City
 Boca Raton FL Zip Code
 33434

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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must be designated when reinstating)
 DATE 04/15/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, CHRISTOPHER R 5685 SW 80TH ST, SUITE C MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, JAMIE J 5685 SW 80TH ST, SUITE C MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, JOEL M 5685 SW 80TH ST, SUITE C MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAREN R CONNELLY 7907 SURRY Lane INDIAN TRAIL NC 28079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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
 Signature and typed or printed name of signing managing member, manager, or authorized representative
 Date 04/15/02 Daytime Phone # 305 458 9557

CR2E083 (9/01)