

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # L 00000010189

1. Entity Name

SAVANNA LEAF, LLC

02-11-2002 90054 039 \*\*\*\*50.00

04-17-2002 90025 025 \*\*\*\*50.00

**DO NOT WRITE IN THIS SPACE**

938876

2. Principal Place of Business

3. Mailing Address

1200 N. Federal Highway

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 211

City & State

City & State

Boca Raton

Zip

Country

Zip

Country

Florida

USA

33432

4. FEI Number

36-4493285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JACK AFRICK

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

1200 N. FEDERAL Hwy. Suite 211

City

Boca Raton

FL

Zip Code

33432

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
JACK AFRICK  
1200 N. Federal Hwy. Suite 211  
Boca Raton, FL 33432

TITLE  
NAME  
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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 of 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 #

4/9/02

CR2E03B (12/01)