

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

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90059 017 ****50.00

DOCUMENT #

1. Entity Name **L00000012008**

SARPHI, LLC

930128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1460 SW 7 STREET

3. Mailing Address
1460 SW 7 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1044320

Applied For
Not Applicable

Zip
33135 Country
USA

Zip
33135 Country
USA

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 **DAVID SCHECHTMAN**

Street Address (P.O. Box Number is Not Acceptable)
1460 SW 7 STREET

City **MIAMI** **FL** Zip Code **33135**

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 **MSA**
NAME **DAVID SCHECHTMAN**
STREET ADDRESS **1460 SW 7 STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR**
NAME **LOUIS SCHECHTMAN**
STREET ADDRESS **1460 SW 7 STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

2/17/02 **305 858-5475**

CR2E083B (12/01)