LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000012840

1. Entity Name

SB TAMARAC COMMERCE CENTER, LLC



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90687 006 ****50.00

			AU								
2. Principal P	Place of Business	3. Mailing Address	ARREST CONTRACTOR								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		i	DO NOT WRITE IN THIS SP	ACE					
City & State	в	City & State			4. FEI Number Applied For 65–1056801 Not Applicab						
Zip	Country	Zip	Coun	try -	5. Certificate of Status Desired \$5.00 Additive Fee Required						
					7. Name and Address of Current Registered A	gent					
	DO_NOT_WI	DITE.		Name BUTTERS, SAMUEL							
				Street Address (F	O Box Number is Not Acceptable)						
	IN THIS SPA	AUE		2005 W. CYPRESS CREEK RD, STE:202							
				City FT.LAI	JDERDALE FL	Zip Code 33309					
8. The above	named entity submits this statement or	the purpose of changing its i	registere		ed agent, or both, in the State of Florida. I am fam						
the obligati	ions of registered agent.	K M									
SIGNATURE _	Signature, typed or printed name of registered agent an	nd title if applicable.			3-19-03	<u> </u>					
		Make Check Payable D	e to Flo	\$50.00 orida Departmen ' MAY 1	at of State						
9.	MANAGING MEMBER	S/MANAGERS	Cohy etc.								
NAME	BUTTERS, SAMUEL		TITLE	Charles Deal Landing March							
STREET ADDRESS	2005 W. CYPRESS CREI		使用的物质	et address							
CITY-ST-ZIP	FT.LAUDERDALE, FL 3	309	Andread Charles	-ST-ZIP							
TITLE NAME			TITLE								
STREET ADDRESS			STREE	et adoress							
CITY-ST-ZIP			Allen	ST-ZIP							
TITLE NAME			TITLE								
STREET ADDRESS			STREE	ET ADDRESS	BO NOT WRIT						
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TITLE NAME			TITLE		IN THIS SPACE	E					
STREET ADDRESS			Bearing H	- F7 address							
CITY-ST-ZIP			CITY-	ST-ZIP							
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NAME STREET ADDRESS			NAME	Profes Parties L. Cape and hopen							
CITY-ST-7IP			建物体性的	T ADDRESS							

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

3-15-19

Date

Daytime Phone #