

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000013740

1. Entity Name

SUREFIT, LLC

FILED

01 JAN 18 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3848 NW 126TH AVE
CORAL GABLES FL 33065

Mailing Address

3848 NW 126TH AVE
CORAL GABLES FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-1056384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORKSON, ELLIOT P
350 E LAS OLAS BLVD
SUITE 1700
FT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

4000003567774--5
-01/23/01--01068--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WAGNER, BARRY
3848 NW 126TH AVE
CORAL GABLES FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CORAL SPRINGS, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

1/12/00 (954) 752-8488

CR2E083 (11/00)