

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0011887

DOCUMENT # L00000014078

1. Entity Name
S.V. HOLDINGS, LLC

03-29-2002 90817 022 *****50.00

Principal Place of Business

**19024 NE 29TH AVE
 AVENTURA FL 33180**

Mailing Address

**19024 NE 29TH AVE
 AVENTURA FL 33180**

2. Principal Place of Business

**1666 Kennedy Causeway
 Suite 610
 North Bay Village, FL**

3. Mailing Address

**1666 Kennedy Causeway
 Suite 610
 North Bay Village, FL**



DO NOT WRITE IN THIS SPACE

City & State

North Bay Village, FL

City & State

North Bay Village, FL

4. FEI Number

65-1064829

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMS, BAMBI
 19024 NE 29TH AVE
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

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

**1666 Kennedy Causeway
 Suite 610**

City

North Bay Village

FL

Zip Code

33141

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

Bambi Sims

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/02

DATE

**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
**MGR
 THE STONE PROPERTIES INC
 19024 NE 29TH AVE
 AVENTURA FL 33180**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1666 Kennedy Causeway # 610
 North Bay Village, FL 33141**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 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:

Bambi Sims **Bambi Sims**

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

3/15/02

Date

305-868-5881

Daytime Phone #

CR2E083 (9/01)