

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

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-24-2002 90359 018 ****55.00

DOCUMENT # L01000000378

1. Entity Name

SGE, LLC

DO NOT WRITE IN THIS SPACE

14109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
128 Isle Drive

Suite, Apt. #, etc.
128 Isle Drive

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number

65-1070413

Applied For

Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Seymour Glabman

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

128 Isle Drive

City

Palm Beach Garden

FL

Zip Code
33418

**DO NOT WRITE
IN THIS SPACE**

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
MGRM
Seymour Glabman
128 Isle Drive
Palm Beach Gardens, FL 33418

TITLE
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CITY- ST- ZIP

10. 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

1-11-02

Date

561-626-6222

Daytime Phone #

CR2E083B (12/01)

**DO NOT WRITE
IN THIS SPACE**