## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100000851

1. Entity Name

TEAM SHARKY'S, LLC



## **FILED** Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90040 038 \*\*\*\*50.00

Principal Pla	ace of Business	Mailing Address			1				
601 BRICKELL MIAMI FL 331:	. Avenue key drive. Ste 505 31	601 BRICKELL AVENUE KEY DRIVE. STE 505 MIAMI FL 33131							
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	Place of Business	3. Mailing Address					<b>11</b> 11/14/11/11/11		
601 BRICKELL KEY DR. STE 505 Suite, Apt. #, etc.		601 BRICKELL KEY DR, STE 505 Suite, Apt. #, etc.			X CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State			4. FEI Nur	mbas		<del>"      </del>	
MIAMI, FLORIDA		MIAMI, FLORIDA			4. FEINUI	mber <b>65-108482</b> 0	5	<del></del>	Applied For
Zip	Country	Zip	Country			<del></del>		\$5.00 A	Vot Applicable
33131	USA	33131	USA		5. Certifica	ate of Status Desired		Fee Requi	dditional red
	6. Name and Address of Current I	Registered Agent			7. Name a	nd Address of New R	egistered	•	· · · · · · · · · · · · · · · · · · ·
CAH	CHEK, LAWRENCE A		Nan	ne					
			Carr						
	BRICKELL KEY DR STE 505 MI FL 33131		Stre	et Address (F	P.O. Box Num	ber is Not Acceptable	)		
			City				FL	Zip Co	de
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing	its registered office	e or registere	d agent or h	ooth in the State of Flo	rido I am i	formiliar with	
the obligat	tions of registered agent.		<b>3</b>		a agont, or t	out, in the state of his	nua. rami	amılar witn	, and accept
SIGNATURE						•			
	Signature, typed or printed name of registered agent ar	nd title if applicable. (N	OTE: Registered Agent s	ignature required w	vhen reinstating)		DATE		
			·		-			·	
			NOW!!! FEE IS						
		Make Check Paya	ible to Florida	Department	t of State				
		D	ue By May 1, 2	2003		•			
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE			T.EETHORE,	OTHER TOP	Change	□ Addition
NAME	RUWITCH, ROBERT		NAME					change	☐ Addition
STREET ADDRESS	601 BRICKELL KEY DR STE 505		STREET ADDRE	ss					
CITY-ST-ZIP	MIAMI FL 33121		CITY-ST-ZIP						
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NA <b>M</b> E		La Delete	NAME					☐ Change	☐ Addition
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			NAME					-	
TREET ADDRESS			STREET ADDRESS	s					
ITY-ST-ZIP			CITY-ST-ZIP						
1. I hereby ce	ertify that the information supplied with the	in filling along the filling					_		

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:

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

FEBRUARY 27, 2003

Date

(305) 577-3902