

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

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

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

DOCUMENT # L01000000851

1. Entity Name

TEAM SHARKY'S, LLC



Principal Place of Business

**601 BRICKELL AVENUE KEY DRIVE, STE 505
MIAMI FL 33131**

Mailing Address

**601 BRICKELL AVENUE KEY DRIVE, STE 505
MIAMI FL 33131**

2. Principal Place of Business

601 BRICKELL KEY DR, STE 505
Suite, Apt. #, etc.

3. Mailing Address

601 BRICKELL KEY DR, STE 505
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-1084826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAICHEK, LAWRENCE A
601 BRICKELL KEY DR STE 505
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
RUWITCH, ROBERT
601 BRICKELL KEY DR STE 505
MIAMI FL 33121**

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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: ROBERT RUWITCH

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

FEBRUARY 27, 2003

Date

(305) 577-3902

Daytime Phone #

CR2E083 (10/02)