

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90101 013 \*\*\*\*50.00

0011852

**DOCUMENT # L01000003037**

1. Entity Name

**GIRAFFE, LLC**



Principal Place of Business

Mailing Address

1999 UNIVERSITY DRIVE, SUITE 212  
CORAL SPRINGS FL 33071

1999 UNIVERSITY DRIVE, SUITE 212  
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

1101 NW 119th AVE

1101 NW 119th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs FL

Zip

33071

Country

Broward

Zip

33071

Country

Broward

4. FEI Number

65-1088586

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

WHITE, ROBERT A P.A.  
1401 UNIVERSITY DRIVE, SUITE 600  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name William J. McPharlin

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

3015 No. Ocean Dr

Suite 122

City

At hand, FL

FL

Zip Code

33308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME ABOUT, SAMMY A  
STREET ADDRESS 1999 UNIVERSITY DRIVE, SUITE 212  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☒ Delete

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

TITLE MGRM  
NAME ABOUT, M. JENNIFER  
STREET ADDRESS 1999 UNIVERSITY DRIVE, SUITE 212  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE MGRM  
NAME ABOUT, M. JENNIFER  
STREET ADDRESS 1101 NW 119th AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/03 359-3825

CR2E083 (10/02)