

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90064 019 \*\*\*\*\*55.00

**DOCUMENT # L01000003886**

1. Entity Name

**STRATEGIC PLANNING GROUP, LLC.**



Principal Place of Business

**19840 NE 24TH AVE  
NORTH MIAMI BEACH FL 33180**

Mailing Address

**19840 NE 24TH AVE  
NORTH MIAMI BEACH FL 33180**

2. Principal Place of Business

**550 Brickell Avenue**

Suite, Apt. #, etc.  
**Penthouse**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

3. Mailing Address

**550 Brickell Ave**

Suite, Apt. #, etc.  
**Penthouse**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINN, JORDAN  
19840 NE 24TH AVE  
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name **Jordan Linn**  
Street Address (P.O. Box Number is Not Acceptable)  
**550 Brickell Ave Penthouse**  
City **Miami** FL Zip Code **33131**

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

**1/22/03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **LINN, JORDAN**  
STREET ADDRESS **19840 NE 24TH AVE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Principal** ☒ Change ☐ Addition  
NAME **Jordan A. Linn**  
STREET ADDRESS **550 Brickell Ave**  
CITY-ST-ZIP **Miami, FL 33131**

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

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

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 REQUIRED**

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

**1/22/03 30537905600**

Date

Daytime Phone #

CR2E083 (10/02)