

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90196 022 ****55.00

DOCUMENT # L01000004838

1. Entity Name

SOUTH FLORIDA FINANCE GROUP LLC



Principal Place of Business

Mailing Address

6090 NW 66TH AVE.
PARKLAND FL 33067
US

6090 NW 66TH AVE.
PARKLAND FL 33067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1090802**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELD, CHARLES L MR.
6090 NW 66TH AVE.
PARKLAND FL 33067

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FIELD, CHARLES L**
STREET ADDRESS **9721 ARBOR OAKS LANE, APT. 302**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **MGR** ☒ Change ☐ Addition
NAME **FIELD, CHARLES L.**
STREET ADDRESS **9243 Edgemont Lane**
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **MGR** ☐ Delete
NAME **ROY, WOODIE E**
STREET ADDRESS **6090 NW 66TH AVENUE**
CITY-ST-ZIP **PARKLAND FL 33067**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: *Woodie Roy* REQUIRED

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

1-7-2003

954 940-6622

Date

Daytime Phone #

CR2E083 (10/02)