2002	UNIFORM BUS	INESS REPO	RT (UBR) ,	TILE			
DOCU 1. Entity Nam	MENT # L01000		3.4	Secretary	of Stat	am e		
S.R. HC	OLDINGS OF VERO, L.L.C.				01-14-2002 90019	048 *****50.00		
Principal Plac	e of Business	Mailing Address						
C/O ROBERT P.O. BOX 637 VERO BEACH		C/O ROBERT A. SMITH P.O. BOX 637 VERO BEACH FL 32961-06	37		8 0	2153		
2. Principal P	lace of Business	3. Mailing Address		_				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State	е	City & State		4. FEIN	lumber 65 - 11204//	<u> </u>	oplied For ot Applicable	1
Zip	Country	Zip	Country		ficate of Status Desired	\$5.00 A-	ditional	
	6. Name and Address of Current	Registered Agent	Name 7		e and Address of New Regist			1
GAF	RRIS, CHARLES E	*	Name	KOBER	- A. Smith	ั๋า		
817	BEACHLAND BLVD.		Street Add	fress (P.O. Box N	lumber is Not Acceptable) A	WE_]
VER	RO BEACH FL 32963							ļ
			City V	'Eno	BEACH	FL Zu Sod	360	1
8. The above	named entity submits this statement for	or the purpose of changing its	- 		or both, in the State of Florida	1.55	<u> </u>	1
					o. well, and onder or			
_	121946	1		-g		1-12N 02		
SIGNATURE .	Signature, typed or printed name of registered agen	ROBONTA			440	TAN 02		
SIGNATURE .	Signature, typed or printed name of registered agen	end title if applicable (NOTE FILE NO Make Check Pay	1. Smith	required when reinstat	440	JAN 02		
SIGNATURE	Signature, typed or printed name of registered agen	And title if applicable. (NOTE FILE NO Make Check Pay Due	Smith: Registered Agent signature of the community of the	required when reinstat	440	DATE		
		And title if applicable. (NOTE FILE NO Make Check Pay Due	1 - South Registered Agent signature DW!!! FEE IS \$50 yable to Departme By May 1, 2002	required when reinstat	441 (1910)	DATE	Addition	083 (9/01)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR SMITH, ROBERT A	end title if applicable (NOTE FILE NO Make Check Pay Due ERS/MANAGERS Delete	1. Sau-H. : Registered Agent signature in DWIII FEE IS \$50 yable to Department By May 1, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when reinstat	441 (1910)	NGES Change	☐ Addition	R2E083 (9/01)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGR SMITH, ROBERT A P.O. BOX 637	And title if applicable. (NOTE FILE NO Make Check Pay Due ERS/MANAGERS	Pegistered Agent signature in DW!!! FEE IS \$50 yable to Department By May 1, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	required when reinstat	441 (1910)	DATE NGES		CR2F083 (9/01)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR SMITH, ROBERT A P.O. BOX 637	end title if applicable (NOTE FILE NO Make Check Pay Due ERS/MANAGERS Delete	Pegistered Agent signature in the compact of the co	required when reinstate	441 (1910)	NGES Change	☐ Addition	CB2E083 (9/01)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR SMITH, ROBERT A P.O. BOX 637	Tend title if applicable. (NOTE FILE NO Make Check Pay Due ERS/MANAGERS Delete Delete	Personal Company of the Company of t	required when reinstate	441 (1910)	NGES Change	☐ Addition	CR2E083 (9/01)
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STREET ADDRESS CITY-ST-ZIP

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #

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.

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: