

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90174 005 \*\*\*\*50.00

**DOCUMENT # L01000010316**

1. Entity Name

**SGRM, LLC**

Principal Place of Business

**12705 NW 21 PLACE  
 CORAL SPRINGS FL 33071**

Mailing Address

**12705 NW 21 PLACE  
 CORAL SPRINGS FL 33071**

**981207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**889 RIVERSIDE DR**

3. Mailing Address

**889 RIVERSIDE DR**

Suite, Apt. #, etc.

**#128**

Suite, Apt. #, etc.

**#128**

City & State

**FT. LAUDERDALE FL**

City & State

**FT. LAUDERDALE FL**

Zip

Country

**33312 US**

Zip

Country

**33312 US**

4. FEI Number

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

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 Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

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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:

**SIGNATURE REQUIRED**

**9-20-02**

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

Date

Daytime Phone #

CR2E083 (4/02)