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2003 APR 23 PM 3:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010809					
1. Entity Name SR GROUP, LLC					
Principal Place of Business 10948 NW 67 ST MIAMI, FL 33178			Mailing Address 10948 NW 67 ST MIAMI, FL 33178		
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 65-1117945	
				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		
SALAZAR, SERGIO A 10948 NW 67 ST MIAMI, FL 33178			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 <u>Sergio A. Salazar</u>			DATE <u>4/4/03</u>		
Signature, typed or printed name of registered agent, and title if applicable			(NOTE: Registered Agent's signature required when submitting)		
			FILE NOW WITH FEES \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
			200016814002 04/23/03--01073--002 **50.00		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete	10. ADDITIONS/CHANGES		
NAME	SALAZAR, SERGIO A		TITLE	☐ Change ☐ Addition	
STREET ADDRESS	10948 NW 67 ST		NAME		
CITY-ST-ZIP	MIAMI, FL 33178		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(X), 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: <u>Sergio A. Salazar</u>			DATE <u>4/4/03</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		

CR2E083 (10/02)