

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 24, 2003 8:00 am
Secretary of State

09-24-2003 90046 006 ****50.00

DOCUMENT # L01000014653

1. Entity Name

SAROP LLC



Principal Place of Business

**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Mailing Address

**7491 WEST OAKLAND PARK BLVD
SUITE 100
LAUDERHILL FL 33319-4966**

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

65-1134615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**~~SCHEINER, ELIEZER~~
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

7491 W. Oakland PK Blvd # 100

City
Lauderhill

FL

Zip Code
33319

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHEINER, ELIEZER
1711 6 AVENUE SOUTH
LAKE WORTH FL 33460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7491 W. Oakland PK Blvd #100
Lauderhill FL 33319** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

9/22/03

Date

954-5781946 x31

Daytime Phone #

CR2E083 (10/02)