

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

2/2

02-27-2003 90005 036 ****50.00

DOCUMENT # L01000015300

1. Entity Name

SECOND STREET INVESTMENT GROUP, LLC



Principal Place of Business

729 S. FEDERAL HWY., STE. 200
STUART FL 34994

Mailing Address

729 S. FEDERAL HWY., STE. 200
STUART FL 34994

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 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARRO, PASQUALE G
729 S. FEDERAL HWY., STE. 200
STUART FL 34994

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRO, PASQUALE G 729 S. FEDERAL HWY., STE. 200 STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRO, JOANNE 729 S. FEDERAL HWY., STE. 200 STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLUCCIO, THOMAS R 729 S. FEDERAL HWY., STE. 212 STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTHIAUME, ROBERT F JR. 729 S. FEDERAL HWY., STE. 200 STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTHIAUME, ROBERT F SR. 729 S. FEDERAL HWY., STE. 200 STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAFER, MARTIN S 1699 W. STATE ROAD 434 LONGWOOD FL 32750	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-24-03

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

65-1144898

LYR 147C 000000 00 000

01584

*38016079**# L01000015300*

SECOND STREET INVESTMENT GROUP LLC
729 S FEDERAL HWY STE 200
STUART FL 34994-2913501

Employer Identification Number: 65-1144898
IRS Control Number:

Dear Taxpayer:

We received your Form 8736, Application for Automatic Extension of Time To U.S. Return for a Partnership, REMIC, or for Certain Trusts, for the tax period ending December 31, 2001, without a correct Tax Identification Number (TIN). According to our records, your correct TIN is 65-1144898. We have processed your return to this account.

If you have any questions, please call our Customer Service area at 1-800-829-8815 between the hours of 7:30AM and 10:00PM EST. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number *(772) 288-5251* Hours *9-5*

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Deborah Michael

Deborah Michael, Manager
Document Perfection Operations

Enclosure(s):
Copy of this letter

TOTAL P.01