

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90041 036 \*\*\*\*\*50.00

**DOCUMENT # L01000016556**

1. Entity Name

**S.A.M. FAMILY ENTERPRISES LLC**



Principal Place of Business

**3546 S OCEAN BLVD  
PALM BEACH FL 33480**

Mailing Address

**3546 S OCEAN BLVD  
PALM BEACH FL 33480**

2. Principal Place of Business

**6662 PERUZZI WAY**

Suite, Apt. #, etc.

3. Mailing Address

**6662 PERUZZI WAY**

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH FL**

Zip  
**33467**

Country  
**USA**

Zip  
**33467**

Country  
**USA**

4. FEI Number **65-1143361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ABRAMS, MARILYN  
3546 S OCEAN BLVD  
PALM BEACH FL 33480**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ABRAMS, MARILYN  
3546 S OCEAN BLVD  
PALM BEACH FL 33480**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARILYN ABRAMS  
6662 PERUZZI WAY  
LAKE WORTH, FL 33467**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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**

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

Date

Daytime Phone #

**9/22/03 561-635-7525**

CR2E083 (4/03)