

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90215 005 ****50.00

DOCUMENT # L010000016577

1. Entity Name

S&P Advisors, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5900 Broken Sound Parkway, N

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, FL

Zip

33487

Country

3. Mailing Address

5900 Broken Sound Parkway, N

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, FL

Zip

33487

Country

4. FEI Number

65-1139038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Neil Seidman

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

5900 Broken Sound Parkway, NW, Suite 100

City

Boca Raton

FL

Zip Code
33487

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Neil Seidman
5900 Broken Sound Parkway, NW
Suite 101, Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
J. Coleman Prewitt, Member
5900 Broken Sound Parkway, NW
Suite 101
Boca Raton, FL 33487

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

5-13-02

Date

561-226-5900

Daytime Phone #

CR2E083B (12/01)