

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90007 027 ****50.00

DOCUMENT # L01000021537

1. Entity Name

SB & ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6350 N Andrews Ave

3. Mailing Address

6350 N. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 100

STE 100

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

33309

US

Zip

Country

33309

US

4. FEI Number

90-0001365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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 MGR
NAME Antonella Brancato
STREET ADDRESS 6350 N. Andrews Ave #100
CITY-ST-ZIP Ft. Lauderdale, FL 33308

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IN THIS SPACE**

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:



Antonella Brancato 4/18/02 (954) 465-8540

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

Date

Daytime Phone #

CR2E083B (12/01)