

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000021950

KARGER CONSULTING GROUP LLC


 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 22 PM 3:35

12/12/03

 Principal Place of Business
 3003 YAMATO ROAD C-8. #1084
 BOCA RATON FL 33434

 Mailing Address
 3003 YAMATO ROAD C-8. #1084
 BOCA RATON FL 33434

REINSTATEMENT 2003

☐ CHECK HERE IF MAKING CHANGES

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	01-0569424	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

 KARGER, STACY L
 12449 NW 63RD STREET
 CORAL SPRINGS FL 33076

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 *Stacy Karger*

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

(NOTE: Registered Agent signature required when reinstating)

12/12/03

DATE

 FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARGER, STACY 12449 NW 63RD. ST CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

2003

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 11/24/03--01024--003 **150.00

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

SIGNATURE REQUIRED

11/16/03

Date

9642755303

Daytime Phone #