

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90589 036 ****50.00

DOCUMENT # L01000022850

1. Entity Name

SBM + ASSOCIATES LLC

001865

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1516 HIGH ROAD

Suite, Apt. #, etc.

C-3

City & State

TALLAHASSEE, FL

Zip
32304

Country

USA

3. Mailing Address

1516 HIGH ROAD

Suite, Apt. #, etc.

C-3

City & State

TALLAHASSEE FL

Zip

32304

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-337-4918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUSANNA B. MATTHEWS

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

1516 HIGH ROAD

C-3

City

TALLAHASSEE

FL

Zip Code

32304

**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
MANAGER
SUSANNA B. MATTHEWS
1516 HIGH ROAD C-3
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Susanna B. Matthews

SUSANNA B. MATTHEWS

850-385-7039

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

Date

Daytime Phone #

04/29/02

CR2E083B (12/01)