FILED
Mar 14, 2003 8:00 am
Secretary of State
01-23-2003 90343 037 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001547

1. Entity Name
SFM REAL ESTATE, LLC

Principal Place of Business	Mailing Address
6341 TIDEWATER ISLAND CIRCLE FT MYERS FL 33908	6341 TIDEWATER ISLAND CIRCLE FT MYERS FL 33908

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5780 Halifax Ave	P.O. Box 61565
Suite, Apt. #, etc.: Unit 1	Suite, Apt. #, etc.:
City & State: Ft. Myers, FL	City & State: Ft. Myers, FL
Zip: 33912 Country: USA	Zip: 33906 Country: USA

4. FEI Number: 55-0797671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTER, SUSAN
6341 TIDEWATER ISLAND CIRCLE
FT MYERS FL 33908

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 Susan Matter, member 1/21/03
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member-President Susan Matter 6341 Tidewater Island Ft. Myers, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Susan Matter, member 1/23/03 239-691-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #