

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90272 006 ****50.00

DOCUMENT # L02000013644

1. Entity Name
SICAR GROUP AMERICA, LLC



Principal Place of Business
**4561 34TH ST SW
ORLANDO, FL 32811**

Mailing Address
**1500 LEDGEMONT LANE
CLERMONT, FL 34711**

2. Principal Place of Business
440 W. GRANT Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



01152004 Chg-LLC CR2E083 (10/03)

City & State
Orlando, FL
Zip
32806 Country
ORANGE

City & State
Zip Country

4. FEI Number
37-1429413 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORBIN, KENNETH D
1500 LEDGEMONT LANE
CLERMONT, FL 34711**

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 **Kenneth D. Corbin**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-04
DATE

*** Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete
NAME **CORBIN, KENNETH**
STREET ADDRESS **1500 LEDGEMONT LN**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Kenneth D. Corbin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-23-04 407-996-4949
Date Daytime Phone #