# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 24, 2003 8:00 am**
**Secretary of State**
03-24-2003 90687 002 ****55.00

30045849

DOCUMENT # L02000016210

1. Entity Name:

SFM, LLC

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4227 ENTERPRISE AVENUE | 4227 ENTERPRISE AVENUE |
| Suite, Apt. #, etc.: UNIT A | Suite, Apt. #, etc.: UNIT A |
| City & State: NAPLES, FLORIDA | City & State: NAPLES, FLORIDA |
| Zip: 34104 Country: USA | Zip: 34104 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 61-1426468 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PETER D. HUMPHREY

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

4227 ENTERPRISE AVENUE, UNIT A

City: NAPLES FL Zip Code: 34104

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: (Signature of the new registered agent, if applicable) DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGR / PETER D. HUMPHREY / 4227 ENTERPRISE AVENUE, UNIT A / NAPLES, FLORIDA 34104 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: |
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CR2E083B (12/02)

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: Peter D Humphrey PETER D. HUMPHREY, MANAGER 3/10/03 508-679-6479

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)