

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

5/21

05-02-2003 90584 045 ****50.00

DOCUMENT # L02000020427

1. Entity Name

S2 TECHNOLOGIES, LLC



Principal Place of Business

17939 LAKE ESTATES DRIVE
BOCA RATON FL 33496

Mailing Address

17939 LAKE ESTATES DRIVE
BOCA RATON FL 33496

5375 N. Hatcher Rd.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Sunrise, Florida

Suite, Apt. #, etc.

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

71-0902311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOBEL, SAM
17939 LAKE ESTATES DRIVE
BOCA RATON FL 33496

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Majority Member President ☐ Change ☒ Addition
Samuel R. Sobel
17939 Lake Estates Drive
Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Minority Member ☐ Change ☒ Addition
Daniel F. Sparrow
7705 Solimar Circle
Boca Raton, FL 33433
Chief Technical Officer

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

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

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

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

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

Date

Daytime Phone #

Samuel R. Sobel, Majority Member 4-29-03 (954) 849-3100

CR2E083 (10/02)