

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90019 030 \*\*\*\*50.00

**DOCUMENT # L02000024932**

1. Entity Name  
**SAR DEVELOPMENT, LLC**

Principal Place of Business  
**12146 COLLERS RESERVE DRIVE  
NAPLES FL 34110**

Mailing Address  
**12146 COLLERS RESERVE DRIVE  
NAPLES FL 34110**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State  
Zip Country

4. FEI Number  
**27-0032235**

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

8. Name and Address of Current Registered Agent  
**GRABINSKI, MATTHEW L. ESQ.  
GARLUCK, STETLER & PEEPLES, LLP  
5551 RIDGEWOOD DRIVE, STE. 101  
NAPLES FL 34108**

7. Name and Address of New Registered Agent  
Name **Grabinski, Matthew L., Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4001 Tamiami Trail N. #300**  
City **Naples** FL Zip Code **34103**

9. 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 *Matthew L. Grabinski* **MATTHEW L. GRABINSKI** DATE **1/28/03**

**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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Matthew L. Grabinski* **SIGNATURE REQUIRED** DATE **1-29-03** DAYTIME PHONE # **2395662948**

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☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)