

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

5/14/03

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-14-2003 90026 008 ****50.00

DOCUMENT # L02000027250

1. Entity Name
S. KERO REAL ESTATE, L.L.C.



Principal Place of Business
**11373 CORTEZ BLVD., STE. 401
BROOKSVILLE FL 34613**

Mailing Address
**11373 CORTEZ BLVD., STE. 401
BROOKSVILLE FL 34613**

44004049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0567972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, STE. 102
CLEARWATER FL 33758**

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 re-registering)

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
**MGR
KERO, SHAWKAT H
11373 CORTEZ BLVD., STE. 401
BROOKSVILLE FL 34613**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2E083 (10/02)

8/3/03