


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000029338	
1. Entity Name SFM, LLC	

Principal Place of Business 5843 MARGATE BLVD MARGATE, FL 33063 US	Mailing Address 5843 MARGATE BLVD MARGATE, FL 33063 US
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1660951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TROPEPE, FRANK 1601 E. SAMPLE ROAD POMPANO BEACH, FL 33064
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROPEPE, FRANK 5843 MARGATE BLVD MARGATE, FL 33063
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02/03/04-80019-010 150.00

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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: <u>Frank Tropepe</u>	Date: <u>4/7/04</u>	Daytime Phone #: <u>954-972-1711</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		