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

DOCUMENT # L02000033092

1. Entity Name

SER LLC



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90047 018 \*\*\*\*50.00

			/   🤏	WETH		
	DO NOT WRITE	IN THIS SP	ACE			
	Place of Business	3. Mailing Address		i nego ga gango.	•	
1981 Boca Chica Rd		1481 Boxa Chica Rd.				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	·		DO NOT WITH IN THE	#0.00±0=
0: 0.0					DO NOT WRITE IN TH	IIS SPACE
City & St	. , ,	City & State	T		4. FEI Number	Applied For
	$(\mathcal{N}^{\epsilon})^{\dagger}$	Key West	FLORI	DA	65-1163335	Not Applicable
<sup>219</sup> 73	040 Country USA	Zip 33040	Country			\$5.00 Additional
	210 1 (15/1	33010	USA		5. Certificate of Status Desired	Fee Required
				7. Name and Address of Current Registered Agent		
	DO NOT W	n	Name			
	DO <u>NOT W</u> I	O. Box Number is Not Acceptable)	<del></del>			
IN THIS SPACE						·- · <del></del>
	nt time of	AUL				
			City			
The property desired in					F	Zip Code
8. The above	e named entity submits this statement for tations of registered agent.	he purpose of changing its reg	istered office of	or registere	d agent, or both, in the State of Florida. I an	n familiar with and account
ine obliga	ations of registered agent.				o the season of	irramilar with, and accept
SIGNATURE						Í
	Signature, typed or printed name of registered agent and	title if applicable.		<del></del> -	DATE	
		FEI	E IS \$50.00	+ + + + + +		
4		Make Check Payable to	o Florida De	partmen	of State	
			BY MAY 1			
9.	MANAGING MEMBERS	S/MANAGERS				er folkskationett nætt med med med spromeren og en o
TITLE	President - MG		TIFLE			
NAME	Steven Rocktes		NAME			
STREET ADDRESS	1481 Boca Chica	Rd	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		nar omboliga programa en salar en en en el en el en el en el el en e	
TITLE	Vice President -	MGR	TITLE			
NAME	Elke Rocktesch	cl	NAME			
STREET ADDRESS CITY-ST-ZIP	1481 Bora, Chica		STREET ADDRESS			
	Key West FI	33040	CITY-ST-ZIP		i sangani ang sangang ang ang mgang penggang ang ang ang mgang m	
TITLE NAME			ITILE			
STREET ADDRESS			NAME			
CITY-ST-ZIP			STHEET ADDRESS		DO NOT WE	
TITLE			GITY-ST-ZIP		DO NOT WRI	J.E.
NAME			TITLE		IN THIS COA	
STREET ADDRESS	•		NAME		IN THIS SPACE	JE .
CITY-ST-ZIP		* (%)4	STREET ADDRESS			
TITLE			CITY-ST-ZIP			
NAME			ME			
STREET ADDRESS			IAME			
CITY-ST-ZIP			STREET ADDRESS			
TITLE			STY-ST-ZIP			
NAME	,	4,625	TLE			
STREET ADDRESS	,		IAME		armenten suomista liikki liikki ja sa 1960 km ka 1960 km ka 1960 km ka 1960 km km ka 1960 km km ka 1960 km km Marangan ka 1960 km	
CITY-ST-ZIP			TREET ADDRESS			
11. I hereby ce	ertify that the information supplied with this		Of LIF			

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.