LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90549 019 ****50.00

DOCUMENT # L02000034484

1. Entity Name

SARMAR, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
6400 Manatee Ave. W.	5303 26th Ave. Ct. W.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.	
City & State: Bradenton FL	City & State: Bradenton FL	4. FEI Number: 52-2389999 ☐ Applied For ☐ Not Applicable
Zip: 34209 Country:	Zip: 34209 Country:	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Scott A. Russell
Street Address (P.O. Box Number is Not Acceptable): 5303 26th Ave. Ct. W.
City: Bradenton FL Zip Code: 34209

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: Scott A. Russell, Scott A. Russell, Director DATE: 4/8/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Scott A. Russell 5303 26th Ave. Ct. W., Suite C Bradenton, FL 34209
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Michele A. Russell 5303 26th Ave. Ct. W., Suite C Bradenton, FL 34209
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CR2E083B (12/02)

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: Scott A. Russell, Scott A. Russell 4/8/03 (941)795-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #