

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

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90006 016 ****50.00

DOCUMENT # L02000034988

1. Entity Name

SK JUSTICE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
155 S. Miami Avenue

3. Mailing Address
155 S. Miami Avenue

Suite, Apt. #, etc.
PH-2A

Suite, Apt. #, etc.
PH-2A

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
Miami-Dade

Zip
33130

Country
Miami-Dade

4. FEI Number
05-0549461

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street

Suite 2900

City Miami

FL

Zip Code 33131

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

CHECK NO: 002310

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Dan Sirlin
155 S. Miami Avenue, PH-2A
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Jeff Krinsky
155 S. Miami Avenue, PH-2A
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

CR2E083B (12/02)