

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

DOCUMENT # L03000008123

1. Entity Name

S G B Production LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -5 PM 1:34

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Ria Moore

Suite, Apt. #, etc.

2470 NW 154 St

City & State

Miami FL

Zip

33054

Country

U.S

3. Mailing Address

Joyce Warren

Suite, Apt. #, etc.

2601 NW 207 St Apt 154

City & State

Miami FL

Zip

33056

Country

U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ria Moore

Street Address (P.O. Box Number is Not Acceptable)

2470 NW 154 St

City

Miami FL

FL

Zip Code

33054

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>President</u>
NAME	<u>Joyce Warren</u>
STREET ADDRESS	<u>2601 NW 207 St Apt 154</u>
CITY-ST-ZIP	<u>Miami FL 33056</u>
TITLE	<u>Secretary</u>
NAME	<u>Andrea Warren</u>
STREET ADDRESS	<u>10132 Arrowhead Dr</u>
CITY-ST-ZIP	<u>FL 33057</u>
TITLE	<u>Registered Agent</u>
NAME	<u>Ria Moore</u>
STREET ADDRESS	<u>2470 NW 154 St</u>
CITY-ST-ZIP	<u>Miami FL 33054</u>
TITLE	
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**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Andrea Warren

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

Date

Daytime Phone #

10-01-04 2721.0946

CR2E083B (12/02)