

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90122 013 \*\*\*\*55.00

**DOCUMENT # L03000009363**

1. Entity Name  
ARK GROUP, LLC



Principal Place of Business  
1172 S. DIXIE HWY. #559  
CORAL GABLES, FL 33146

Mailing Address  
1172 S. DIXIE HWY. #559  
CORAL GABLES, FL 33146

**24003588**



2. Principal Place of Business  
**12316 N.W. 39th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01102004 Chg-LLC CR2E083 (10/03)

City & State  
**Gainesville, FL**  
Zip  
**32606**

City & State  
Country

4. FEI Number  
**05-0558998**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WORLDWIDE CORPORATE SERVICES, INC.  
2780 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33306

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
Noah R. Sugarman  
12316 N.W. 39th Ave  
Gainesville, FL 32606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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: Noah Sugarman **1-19-04** **352-333-0504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #