

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90029 038 ****50.00

DOCUMENT # L03000037518

1. Entity Name

AHG GROUP, LLC



DO NOT WRITE IN THIS SPACE

24039913

2. Principal Place of Business
875 Concourse Parkway

3. Mailing Address
SAME

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.

City & State
Maitland, FL

City & State

4. FEI Number
20-0269548

Applied For
Not Applicable

Zip
32751

Country
US

Zip

Country

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas R. Burns, Esq.

Street Address (P.O. Box Number is Not Acceptable)
875 Concourse Parkway S, Suite 150

City
Maitland

FL

Zip Code
32751

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**

3/16/04

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Alan H. Ginsburg
875 Concourse Parkway S, Suite 150
Maitland, FL 32751

TITLE
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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)