

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049991

1. Entity Name  
SEF FINANCIAL SERVICES L.L.C.



Principal Place of Business  
12614 ALEGUAS LANE  
ORLANDO, FL 32825

Mailing Address  
12614 ALEGUAS LANE  
ORLANDO, FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052004 REIN-LLC

CR2E101 (6/04)

10/5

4. FEI Number

20-0452792

Applied for  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHARIF, FARRUKH  
12614 ALEGUAS LANE  
ORLANDO, FL 32825

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/9/04

FILE NOW!!! FEE IS \$50.00  
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SHARIF, FARRUKH  
STREET ADDRESS 12614 ALEGUAS LANE  
CITY-ST-ZIP 12614 ALEGUAS LANE, FL 32825

☐ Delete

TITLE MGR  
NAME SHARIF, SAMI U  
STREET ADDRESS 12614 ALEGUAS LANE  
CITY-ST-ZIP 12614 ALEGUAS LANE, FL 32825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

500041670995  
10/07/04--01051--005 \*\*50.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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)(f), 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]* SAMI U. SHARIF

Date

Daytime Phone #