

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90157 033 ****55.00

DOCUMENT # L04000072731

1. Entity Name

S.F.P., LLC



Principal Place of Business

5353 WEST ATLANTIC AVE., SUITE #400-A
DELRAY BEACH FL 33484

Mailing Address

5353 WEST ATLANTIC AVE., SUITE #400-A
DELRAY BEACH FL 33484

2. Principal Place of Business

2737 NW 19 Street

3. Mailing Address

2737 NW 19 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

56-248 4759

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33069

Country

Broward

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name R. N. SAILAPPAN

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

2737 NW 19th Street

City Pompano Beach

FL

Zip Code 33069

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

R. N. Sailappan

Signature, typed or printed name of registered agent and file # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

17 Feb 2005

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SAILAPPAN, R N
STREET ADDRESS 5353 WEST ATLANTIC AVE., SUITE #400-A
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE ST
NAME SAILAPPAN, R N
STREET ADDRESS 5353 WEST ATLANTIC AVE., SUITE #400-A
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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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:

R. N. Sailappan

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

17 Feb 2005 (954) 582 9800

Date

Daytime Phone #