

ANNUAL REPORT

DOCUMENT # L04000083827

1. Entity Name
SGS REALTY, LLC



Principal Place of Business
C/O SEVELL REALTY PARTNERS
2295 CORPORATE BLVD., SUITE 131
BOCA RATON, FL 33431 US

Mailing Address
C/O SEVELL REALTY PARTNERS
2295 CORPORATE BLVD., SUITE 131
BOCA RATON, FL 33431 US

FILED
Mar 05, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4564224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEVELL, ARNOLD
2295 CORPORATE BLVD., NW
SUITE 131
BOCA RATON, FL 33431

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IN THIS SPACE**

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 reissuing)

Filing Fee is \$50.00
Due by May 1, 2007

000000055200
03/13/07-80101-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SEVELL HOLDINGS, LTD.
STREET ADDRESS 2295 CORPORATE BOULEVARD, SUITE 131
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM
NAME GAMAR REALTY, LLC
STREET ADDRESS 16 MT. EBO ROAD SOUTH
CITY-ST-ZIP BREWSTER, NY 10501

TITLE MGRM
NAME SHAPIRO, MICHAEL
STREET ADDRESS 420 LEXINGTON AVE., STE. 1910
CITY-ST-ZIP NEW YORK, NY 10170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

A. Sevell

Date

2-28-07 561-995-0100

Daytime Phone #