

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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90010 034 ****50.00

DOCUMENT # L04000089771

1. Entity Name
SRBC II, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
266 BASQUE ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 299
Suite, Apt. #, etc.

City & State
SAINT AUGUSTINE, FLORIDA

City & State
SAINT AUGUSTINE, FLORIDA

4. FEI Number ☐ **Applied For**
☒ **Not Applicable**

Zip 32080 **Country** USA

Zip 32085 **Country** USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Karel Ourednik IV, Esquire

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

4925 Beach Boulevard

City Jacksonville **FL** **Zip Code** 32207

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS LUIZ C. KUNTZ
CITY-ST-ZIP 266 BASQUE ROAD
SAINT AUGUSTINE, FL 32080

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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

LUIZ C. KUNTZ

Date

(904) 829-8677

Daytime Phone #

CR2ED83B (12/02)