

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000003560

1. Entity Name  
SRR HOLDINGS, LLC



Principal Place of Business  
3843 LANDINGS DRIVE  
BOCA RATON, FL 33496

Mailing Address  
3843 LANDINGS DRIVE  
BOCA RATON, FL 33496



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2188890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBENSTEIN, LEON  
3843 LANDINGS DRIVE  
BOCA RATON, FL 33496

**DO NOT WRITE  
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 reappointing)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SHELDON, WENDY  
5791 HARRINGTON WAY  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RUBENSTEIN, LEON  
3843 LANDINGS DRIVE  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RUBENSTEIN, DAVID  
2181 MCKINNEY RD  
ATLANTA, GA 30318

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000797773  
01/25/08-80001-025 138.75

**DO NOT WRITE  
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

1/25/08

Date

861 994 1894

Daytime Phone #