

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000002258

1. Entity Name

SP LLC

00 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~C/O BDO BRENTWOOD~~
2154 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

Mailing Address

~~C/O BDO BRENTWOOD~~
2154 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109-2036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2154 Trade Center Way

Suite, Apt. #, etc.

Suite 3

3. Mailing Address

2154 Trade Center Way

Suite, Apt. #, etc.

Suite 3

City & State
Naples, FL 34109

City & State
Naples, FL 34109

4. FEI Number 59-7135753

Applied For
Not Applicable

Zip
34109

Country
USA

Zip
34109

Country
USA

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

6. Name and Address of Current Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SHAFRAN, ARTHUR A ☐ Delete
STREET ADDRESS 2154 TRADE CENTER WAY, SUITE 3
CITY-ST-ZIP NAPLES FL 34109

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Manager ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Manager ☐ Change ☒ Addition
STREET ADDRESS James E. Pierce
CITY-ST-ZIP 2154 Trade Center Way, Suite 3
Naples, FL 34109

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

Arthur A. Shafran, Manager

SIGNATURE:

SIGNATURE REQUIRED

941-597-8400

Date

Daytime Phone #

CR2E083 (9/99)