2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002579

1. Entity Name
S.R. 84 GROUP, LLC

FILED
00 JAN 12 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1402 EAST LAS OLAS BOULEVARD, SUITE 1098 FORT LAUDERDALE FL 33301	1402 EAST LAS OLAS BOULEVARD, SUITE 1098 FORT LAUDERDALE FL 33301-2336

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1314 E Las Olas Blvd # 1098	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FORT LAUDERDALE, FLA	City & State
City & State	Zip / Country
Zip 33301 / Country	

4. FEI Number 65-0870171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, BRYAN 1402 EAST LAS OLAS BOULEVARD, SUITE 1098 FORT LAUDERDALE FL 33301	Name: COHEN, BRYAN Street Address (P.O. Box Number is Not Acceptable): 1314 E. Las Olas Blvd Suite 1098 City: FORT LAUDERDALE FL Zip Code: 33301

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: BRYAN D. COHEN M/M 1/5/00
Signature, type 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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COHEN, BRYAN 1402 EAST LAS OLAS BOULEVARD, SUITE 1098 FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGR COHEN, BRYAN 1314 E. Las Olas Blvd, Suite 1098 FORT LAUDERDALE, FLA 33301
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition 600003104136--5 -01/20/00--01038-018 *****50.00 *****50.00
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED BRYAN D COHEN M/M 1/5/00 954-763-5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #