

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003085

1. Entity Name

SOMCO HOLDINGS, L.L.C.

FILED

01 APR 16 AM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

201 S. Biscayne Blvd
Suite 2000
Miami, FL 33131

Same

2. Principal Place of Business

201 S. Biscayne Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2000

City & State

City & State

Miami, FL

Zip

33131

Country

USA

Country

4. FEI Number

65-0889484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Marc H. Auerbach
201 S. Biscayne Blvd
Suite # 2000
Miami, FL 33131

7. Name and Address of New Registered Agent

Name

N/A

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
STREET ADDRESS
CITY-ST-ZIP
Manager
D. Michael Campbell
6100 SW 76 Street
Miami, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Heidi E. Campbell
6100 SW 76 Street
Miami, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100004035301
-04/20/01--01065--004
*****50.00 *****50.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Heidi Campbell 1/12/01

Date

Daytime Phone #

305/666-3810

CR2E083 (11/00)