

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007026

1. Entity Name
SHERWOOD DESIGN, LLC

Principal Place of Business

730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

Mailing Address

730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GALLO, ROBIN J
730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Kevin Sirop
Street Address (P.O. Box Number is Not Acceptable)
730 West McNab Road
City Ft. Lauderdale FL Zip Code 33309

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
MGR ELLMAN, LEON J
STREET ADDRESS 730 WEST MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE NAME
MGR KAHN, STEVEN B
STREET ADDRESS 730 WEST MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003708942--0
-02/19/01--01020--004-

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
*****50.00 *****50.00

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED: J. Leon Ellman

1/26/01

(954) 968-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 FEB -8 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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