

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90087 006 \*\*\*\*50.00

**DOCUMENT #**

**1. Entity Name**

*S.K. CONSULTANTS, LLC*

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

*4182 LIVE OAK BLVD*

Suite, Apt. #, etc.

**3. Mailing Address**

*4182 LIVE OAK BLVD*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

*DELRAY BEACH, FL*

**City & State**

*DELRAY BEACH, FL*

**4. FEI Number**

*65-0995655*

**Applied For**

**Not Applicable**

**Zip**

*33445*

**Country**

*PALM BEACH*

**Zip**

*33445*

**Country**

*PALM BEACH*

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

*JBF OF SOUTH FLORIDA*

Street Address (P.O. Box Number is Not Acceptable)

*4182 LIVE OAK BLVD.*

**City**

*DELRAY BEACH*

**FL**

**Zip Code**

*33445*

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<i>MANAGER</i>
<b>NAME</b>	<i>JAY FELNER</i>
<b>STREET ADDRESS</b>	<i>4182 LIVE OAK BLVD</i>
<b>CITY-ST-ZIP</b>	<i>DELRAY BEACH, FL 33445</i>
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
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<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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:** *Jay Felner* **JAY FELNER**

*4/28/02 (501) 865-8060*

CR2E083B (12/01)