

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 A.  
SEC  
TALL

DOCUMENT # M99000001959

1. Entity Name  
SAHTOOMA, LLC

Principal Place of Business  
% PURITY WHOLESALE GROCERS. INC.  
5400 BROKEN SOUND BLVD., N.W. #100  
BOCA RATON FL 33487

Mailing Address  
% PURITY WHOLESALE GROCERS. INC.  
5400 BROKEN SOUND BLVD., N.W. #100  
BOCA RATON FL 33487

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
161 N. CLARK ST.  
Suite, Apt. #, etc.  
STE. 2600  
City & State  
CHICAGO, IL

Zip Country Zip Country  
60601 USA

4. FEI Number 36-4331562  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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

500004194625--7  
-05/10/01--01138--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

CR2E083 (11/00)

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVITETZ, JEFFREY 5400 BROKEN SOUND BLVD., N.W. #100 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCIARDI, SALVATORE 5400 BROKEN SOUND BLVD., N.W. #100 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date Daytime Phone #

4/20/01 (SG) 994-9360