09/24/2002 13:34 3308679200 MOORE STEPHEN

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State
09-29-2002 90004 037 ****50.00

DOCUMENT # L00000001591

1. Entity Name

ISLAMARCO, L.L.C.

Principal Place of Business
4269 Glenmoor RD NW
Canton, OH 44718

Mailing Address
4269 Glenmoor RD NW
Canton, OH 44718

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4269 Glenmoor RD NW
Suite, Apt. #, etc.
City & State: Canton OH
Zip: 44718 Country

3. Mailing Address: 4269 Glenmoor RD NW
Suite, Apt. #, etc.
City & State: Canton OH
Zip: 44718 Country

4. FEI Number 34-1915247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOLD, JOHN A P.A.
995 NORTH COLLIER BLVD.
MARCO ISLAND FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTY, ANGELINA I 4269 Glenmoor RD NW Canton, OH 44718	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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** Angelina I. Marty 9/23/02 330-966-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SEP-24-2002 TUE 12:24PM ID: