

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000000038

1. Entity Name

THE MARSEILLES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 PM 1:30

Principal Place of Business

16549 PERDIDO KEY DRIVE
PENSACOLA FL 32507

Mailing Address

16549 PERDIDO KEY DRIVE
PENSACOLA FL 32507

9/28/01

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE BEACH, AL

Zip

Country

Zip

36561

Country

USA

4. FEI Number

59-3617674

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

7. Name and Address of New Registered Agent

SMITH, JACKSON G
16549 PERDIDO KEY DRIVE
PENSACOLA FL 32507

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
Due By September 26, 2001

400004636044--8
-10/15/01--01033--007
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SMITH, JACKSON G
STREET ADDRESS 16549 PERDIDO KEY DRIVE
CITY-ST-ZIP PENSACOLA FL 32507

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Rein 100.00
2001 50.00
150.00

REINSTATEMENT 2001

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 #

CR2E083 (5/01)