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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am Secretary of State DOCUMENT # L0000000038 1. Entity Name 01-28-2002 90001 035 \*\*\*\*50.00 THE MARSEILLES, L.C. Mailing Address Principal Place of Business 16549 PERDIDO KEY DRIVE P.O. BOX 511 **ORANGE BEACH AL 36561** PENSACOLA FL 32507 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FE! Number Applied For 59-3617674 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, JACKSON G Street Address (P.O. Box Number is Not Acceptable) 16549 PERDIDO KEY DRIVE PENSACOLA FL 32507 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Addition Change TITLE ☐ Delete TITLE SMITH, JACKSON G NAME 16549 PERDIDO KEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST. ZIP ☐ Change ☐ Addition Delete TIT) F TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

limited liability company or the

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