

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90079 032 *****50.00

DOCUMENT # L00000002486

1. Entity Name

DIMENSIONS MARKETING, LC



Principal Place of Business **Street**

**3333 SOUTHWEST 15TH TERRACE
DEERFIELD BEACH FL 33442**

Mailing Address

**5 WELLWOOD AVE
FARMINGDALE NY 11735**

2. Principal Place of Business

3333 S.W. 15th STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

4. FEI Number **52-2214417**

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**LECHNER, SANFORD
3333 SW 15TH STREET
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name **RICHARD WILEN**

Street Address (P.O. Box Number is Not Acceptable)
3333 S.W. 15th ST.

City **Deerfield Beach**

FL

Zip Code

33442

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

4/8/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WILEN GROUP, LC**
STREET ADDRESS **3333 SW 15TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **MGRM** ☒ Delete
NAME **LECHNER, SANFORD**
STREET ADDRESS **9441 NW 13TH STREET**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **MGRM** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **RICHARD WILEN**
CITY-ST-ZIP **3333 S.W. 15th ST. DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/03

954-246-5000

CR2E083 (10/02)

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