

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0021384 AF

DOCUMENT # L00000003655

1. Entity Name  
MARCO CENTER, L.L.C.

Principal Place of Business

671 SOUTH COLLIER BLVD  
MARCO ISLAND FL 34145

Mailing Address

671 SOUTH COLLIER BLVD  
MARCO ISLAND FL 34145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12445 Ocean Gateway

Suite, Apt. #, etc.

Suite 22

City & State

Ocean City, MD

Zip

21842

Country

4. FEI Number

59#3642311

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

WOODWARD, CRAIG R  
606 BALD EAGLE DRIVE, SUITE 500  
MARCO ISLAND FL 34145

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME LARIA, SHLOMI  
STREET ADDRESS 671 SOUTH COLLIER BLVD  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Member  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Member  
NAME Yaron Sibony  
STREET ADDRESS 1501 Morse Point Court  
CITY-ST-ZIP Virginia Beach, VA 23454

TITLE Member  
NAME Avraham Sibony  
STREET ADDRESS 1566 Teal Drive  
CITY-ST-ZIP Ocean City, MD 21842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (11/00)