

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90038 023 \*\*\*\*50.00

**DOCUMENT # L00000003655**

1. Entity Name

**MARCO CENTER, L.L.C.**

Principal Place of Business

**671 SOUTH COLLIER BLVD  
 MARCO ISLAND FL 34145**

Mailing Address

**12445 OCEAN GATEWAY, SUITE 11  
 OCEAN CITY MD 21842**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **LARIA, SHLOMI**  
 CITY-ST-ZIP **671 SOUTH COLLIER BLVD  
 MARCO ISLAND FL 34145**

TITLE ☒ Change ☐ Addition  
 NAME **M**  
 STREET ADDRESS **LARIA, SHLOMI**  
 CITY-ST-ZIP **1306 MAINSAIL DRIVE UNIT 1511  
 NAPLES, FL 34114**

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **SIBONY, YARON**  
 CITY-ST-ZIP **1501 MORSE POINT COURT  
 VIRGINIA BEACH VA 23454**

TITLE ☒ Change ☐ Addition  
 NAME **M**  
 STREET ADDRESS **SIBONY, YARON**  
 CITY-ST-ZIP **1501 HORSE POINT COURT  
 VIRGINIA BEACH, VA 23454**

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **SIBONY, AVRAHAM**  
 CITY-ST-ZIP **1566 TEAL DRIVE  
 OCEAN CITY MN 21842**

TITLE ☒ Change ☐ Addition  
 NAME **M**  
 STREET ADDRESS **SIBONY, AVRAHAM**  
 CITY-ST-ZIP **1506 TEAL DRIVE  
 OCEAN CITY, MD 21842**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **M**  
 STREET ADDRESS **SIBONY, DAVIO**  
 CITY-ST-ZIP **21399 MARINA COVE CIRCLE M-18  
 AVENTURA, FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **M**  
 STREET ADDRESS **SIBONY, PROSPER**  
 CITY-ST-ZIP **20975 NE 30TH PLACE  
 AVENTURA, FL**

TITLE ☐ Delete  
 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**

**04/14/02 (941) 393-0555**

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

Date

Daytime Phone #

CR2E083 (9/01)