

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005602

1. Entity Name

MLS, L.L.C.

Principal Place of Business

100 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

Mailing Address

100 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

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

59-3302422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, KATHRYN A
110 EAST GRANADA BOULEVARD, SUITE 104
ORMOND BEACH FL 32176

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KANDEL, MARTIN M
1260 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLTELLI, LARRY
TALLAQUALLA DRIVE
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003745664-002
-02/21/01--01087--008
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHLOSSBERG, STEVEN M
1601 N. HALIFAX AVENUE
ORMOND BEACH FL 32118 ☐ Delete

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

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

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 #

23-01 904 257-2026

CR2E083 (11/00)