

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90010 010 ****55.00

DOCUMENT # L00000007837

1. Entity Name

POLLIN PATENT LICENSING, LLC

Principal Place of Business

**830-13 A1A NORTH, #248
 PONTE VEDRA BEACH FL 32082-0000**

Mailing Address

**15235 SHADY GROVE RD., STE. 301
 ROCKVILLE MD 20850**

2. Principal Place of Business

15235 SHADY GROVE RD.

3. Mailing Address

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

ROCKVILLE, MD

City & State

4. FEI Number **52-2285910**

Applied For

Not Applicable

Zip

Country

Zip

Country

20850

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGENTS AND CORPORATIONS, INC.
 SUITE E, 773 4TH AVE. NORTH
 NAPLES FL 34102**

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. 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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **POLLIN, ROBERT E**
 STREET ADDRESS **830-13 A1A NORTH, #248**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082-0000**

TITLE ☒ Change ☐ Addition
 NAME **15235 SHADY GROVE RD., STE. 301**
 STREET ADDRESS **ROCKVILLE, MD 20850**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
ROBERT E. POLLIN

301-981-0700

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

Date

Daytime Phone #

X 117

CR2E083 (4/02)