

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008851

1. Entity Name
MARRS CONSULTING, LLC

Principal Place of Business
5209 SW 86TH TERRACE
GAINESVILLE FL 32608

Mailing Address
5209 SW 86TH TERRACE
GAINESVILLE FL 32608

FILED
01 JUN -5 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1500 11th AVE

3. Mailing Address
1500 11th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring FL

City & State
Sebring FL

4. FEI Number
593674473

Applied For
Not Applicable

Zip
33875

Country
USA

Zip
33875

Country
USA

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

MARRS, CECILIA W
5209 SW 86TH TERRACE
GAINESVILLE FL 32608

Name
Cecilia W. MARRS

Street Address (P.O. Box Number is Not Acceptable)
1500 11th AVE

City Sebring FL Zip Code 33875

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 *Cecilia W. MARRS*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/01
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
Manager / OWNER
Cecilia W. MARRS
1500 11th AVE
Sebring, FL 33875 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004425539--7
-06/18/01--01139--021
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Cecilia W. MARRS* Cecilia W. MARRS 4/29/01 863-385-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0025011 AF

CR2E083 (11/00)