

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90016 004 ****50.00

DOCUMENT # L00000010703

1. Entity Name

HIGH TIDE MARKETING L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6605 GATEWAY AVE.

Suite, Apt. #, etc.

3. Mailing Address

6605 GATEWAY AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

4. FEI Number

65-1036465

Applied For

Not Applicable

Zip 34231

Country USA

Zip 34231

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BEN SMITH

Street Address (P.O. Box Number is Not Acceptable)

120 ADAMS RD

City

AUBURNDALE

FL

Zip Code

33823

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME SMITH, MARIE
STREET ADDRESS 9470 HIGH GATE DR #2222
CITY-ST-ZIP SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME SMITH, RANDY
STREET ADDRESS 9470 HIGH GATE DR. #2222
CITY-ST-ZIP SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Randy R Smith

MGR

3/15/02

941-350-3770

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

Date

Daytime Phone #

CR2E083B (12/01)