

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2002 90353 022 ****50.00

DOCUMENT # L00000011972

1. Entity Name

MARQUEZ LTD. LIABILITY CO.

Principal Place of Business

3400 A HWY 77
 PANAMA CITY FL 32405

Mailing Address

3400 A HWY 77
 PANAMA CITY FL 32405

2. Principal Place of Business

2401 Ruth HENTZ AVE
 Suite, Apt. #, etc.

3. Mailing Address

2401 Ruth HENTZ AVE
 Suite, Apt. #, etc.

City & State

P.C. FL

City & State

PC FL

Zip

32405

Country

Bay

Zip

32405

Country

Bay

6. Name and Address of Current Registered Agent

PRICE, BRIAN K
3400 A HWY 77
PANAMA CITY FL 32405

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name **BRIAN K PRICE**

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

2401 Ruth HENTZ AVE

City

P.C.

FL

Zip Code

32405

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

Brian K Price (Price)

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

(NOTE: Registered Agent signature required when reinstating)

1-17-02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **PRICE, BRIAN K**
 STREET ADDRESS **3400 A HWY 77**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **PRICE, BRIAN K**
 STREET ADDRESS **2401 Ruth HENTZ AVE**
 CITY-ST-ZIP **PANAMA City FL 32405**

TITLE ☐ Change ☐ Addition
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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:

Brian K Price

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

1-17-02 850.873.6269

Date

Daytime Phone #

CR2E083 (9/01)