

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012196

1. Entity Name

"ANNA MARTIN & COMPANY, LLC"

Principal Place of Business

2133 POLO GARDENS DRIVE  
NO. 102  
WELLINGTON FL 33414

Mailing Address

2133 POLO GARDENS DRIVE  
NO. 102  
WELLINGTON FL 33414

2. Principal Place of Business

13149 Green Finch Terr.  
Suite, Apt. #, etc.

3. Mailing Address

13149 Green Finch Terr.  
Suite, Apt. #, etc.

City & State

Wellington FL  
Zip 33414 Country USA

City & State

Wellington FL  
Zip 33414 Country

4. FFL Number

05-1047780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, SOPHIA A  
2133 POLO GARDENS DR., NO. 102  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Martin, Sophia Anna

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

13149 Green Finch Terrace

City Wellington FL Zip 33414

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

500004609675--1

03/25/01=01011=014

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE President  
NAME Sophia Anna Martin  
STREET ADDRESS 13149 Green Finch Terrace  
CITY-ST-ZIP Wellington, FL 33414

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

*[Signature]*

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

Date

Daytime Phone #

8/24/01 561221-1584

0005296

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

01 SEP 14 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE