

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

APPROVED  
AND  
FILED

DOCUMENT # L00000016340

1. Entity Name

Multi-Manage Consultants, LLC

02 JUN 10 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**RESTATEMENT**

2. Principal Place of Business

240 S. Pineapple Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 49528

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sarasota, FL

City & State  
Sarasota, FL

4. FEI Number

65-1080544

Applied For

Not Applicable

Zip  
34236

Country  
USA

Zip

34230-6528

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce P. Chapnick, Esq.

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

2033 Main Street, Suite 600

City

Sarasota

FL

Zip Code

34237

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IN THIS SPACE**

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

Bruce P. Chapnick, Esq.

5/29/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Robert A. Malkin MGRM  
240 S. Pineapple Avenue  
Sarasota, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Louis H. Owens MGRM  
700 Pine Drive  
Pompano Beach, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*\*200.00 \*\*\*\*200.00

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

Robert A. Malkin

4/12/02

Date

Daytime Phone #

CR2E083B (12/01)