

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90585 003 ****55.00

DOCUMENT # **L00000016340**

1. Entity Name

Multi-Manage Consultants, LLC



DO NOT WRITE IN THIS SPACE

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

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 St. Suite 600

City **Sarasota**

FL

Zip Code
34237

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida 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 Ave.
Sarasota, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Louis. H. Owens MGRM
700 Pine Dr.
Pompano Beach, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/06/03
Date

Daytime Phone #

CR2E083B (12/02)