

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90206 044 ****50.00

0017198

DOCUMENT # LO1000002826

1. Entity Name

MARLINS HOLDING, L.L.C.

Principal Place of Business

Mailing Address

C/O SHELDON ENGELHARD, P.A.
 5355 TOWN CENTER RD., STE. 801
 BOCA RATON FL 33486

C/O SHELDON ENGELHARD, P.A.
 5355 TOWN CENTER RD., STE. 801
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

6400 Congress Avenue

6400 Congress Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2150

Suite 2150

City & State

City & State

BOCA RATON Florida

BOCA RATON Florida

Zip

Country

Zip

Country

33487

USA

33487

USA

6. Name and Address of Current Registered Agent

4. FEI Number

651078824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Jonathan Honig

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

6400 Congress Ave

Ste 2150

City

Boca Raton

FL

Zip Code

33487

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **JONATHAN HONIG**
 STREET ADDRESS **6222 43RD TERRACE**
 CITY-ST-ZIP **BOCA RATON FLA 33496**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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

JONATHAN HONIG 3/30/02 (561)443-3665

Date

Daytime Phone #

CR2E083 (9/01)