## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100005196

MARKIS, L.L.C.



## **FILED** Mar 11, 2003 8:00 am Secretary of State 03-11-2003 90021 007 \*\*\*\*50.00

Principal Place of Business 13928 SW 172ND TERRACE MIAMI FL 33177		Mailing Address 13928 SW 172ND TERRACE MIAMI-FL-33177-			
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 43-1982154 Applied For Not Applicable	
Zip .	Country	Zip	Country	5. Certificate of Status Desired See Required \$5.00 Additional Fee Required	1
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	]
MARKOVITS, ISTVAN			Name		
1392	28 SW 172ND TERRACE MI FL 33177		Street Addre	ess (P.O. Box Number is Not Acceptable)	
1410 (1					
			City	FL Zip Code	1
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept	7
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature req	quired when reinstating) DATE	
		_	OW!!! FEE IS \$50.0		1
	, which with the second of the second of	Make Check Payabl	_	ment of State	1
	MANAONO MEMB		By May 1, 2003	ADDITION OF THE PROPERTY OF TH	_
9. TITLE	MANAGING MEMBI	Delete	10.	ADDITIONS/CHANGES  Change Addition	1
NAME	CHIRINOS, AMELIA	U Delete	NAME	Orange	
STREET ADDRESS	13928 SW 172ND TERRACE		STREET ADDRESS		3
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		i
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	6
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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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.