

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 3:23

DOCUMENT # L01000005321

1. Entity Name
MARK MEYER'S CASTLE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/o Gregory A. Martin, Esq (same)

Suite, Apt. #, etc.
2601 S. Bayshore Dr. 1600

City & State
Miami, Florida

Zip
33133

Country
USA

3. Mailing Address
(same)

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1095323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gregory A. Martin, Esquire

Street Address (P.O. Box Number is Not Acceptable)
c/o Adorno & Zeder, P.A.

2601 S. Bayshore Drive, #1600

City Miami,

FL

Zip Code 33133

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 11

9. MANAGING MEMBERS/MANAGERS

TITLE Mgr
NAME Savita Kezerle
STREET ADDRESS c/o Gregory A. Martin, Esq.
CITY-ST-ZIP 2601 S. Bayshore Drive, 1600
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr
NAME Mark Meyers
STREET ADDRESS c/o Gregory A. Martin, Esq.
CITY-ST-ZIP 2601 S. Bayshore Dr. 1600
Miami, Florida 33133

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IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/01)

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 488941 4330594

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia Pizit

ORDER DATE : March 22, 2002

ORDER TIME : 11:29 AM

ORDER NO. : 488941-015

CUSTOMER NO: 4330594

CUSTOMER: Ms. Debbie Budde
Adorno & Zeder, P.a.
Suite 1600
2601 South Bayshore Drive
Miami, FL 33133

FILED
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DIVISION OF CORPORATIONS
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ANNUAL REPORT FILING

NAME: MARK MEYER'S CASTLE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
5517155 EXT#155

EXAMINER'S INITIALS: _____

02 MAR 22 PM 1:55

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