1 of 2

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 3:42

WR 3/22

DOCUMENT # L01000005323

1. Entity Name
MARK MEYER'S RESIDENCE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Gregory A. Martin	(SAME)
Suite, Apt. #, etc.: 2601 S. Bayshore Dr. 1600	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33133 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1095330 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	~~Meyers, Mark~~ ~~3015 N. Ocean Blvd., Suite 108A~~ ~~Ft. Lauderdale, Florida 33308~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE M NAME STREET ADDRESS CITY-ST-ZIP	Savita Kezerle c/o Gregory A. Martin, Esquire 2601 S. Bayshore Drive,,1600 ~~Miami, Florida 33133~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Mark Meyers c/o Gregory A. Martin, Esquire 2601 S. Bayshore Drive, 1600 Miami, Florida 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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L01000005146561

CR2E083B (12/01)

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: _____ 3/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 488941 4330594

AUTHORIZATION :

COST LIMIT : $ 50.00

Patricia Pezzitti

ORDER DATE : March 22, 2002

ORDER TIME : 11:31 AM

ORDER NO. : 488941-025

CUSTOMER NO: 4330594

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

ANNUAL REPORT FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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NAME: MARK MEYER'S RESIDENCE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____

02 MAR 22 PM 1:55

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