

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 003 ****50.00

DOCUMENT # L01000006630

1. Entity Name

MARK J. MOLL O.D., L.L.C.

Principal Place of Business

2331 SW 39TH WAY UNIT B
 GAINESVILLE FL 32607

Mailing Address

2331 SW 39TH WAY UNIT B
 GAINESVILLE FL 32607

2. Principal Place of Business

257 Bermuda Beach Drive

3. Mailing Address

257 Bermuda Beach Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

4. FEI Number

651099741

Applied For

Not Applicable

Zip

34949

Country

USA

Zip

34949

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLL, MARK J
 257 BERMUDA BEACH DRIVE
 FORT PIERCE FL 34949**

Name

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

City

FL

Zip Code

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.

(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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**MGR MGR
 Mark J. Moll
 257 Bermuda Beach Dr.
 Fort Pierce FL 34949**

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:

Mark J. Moll (Manager)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/02 (531) 488-2032

Date

Daytime Phone #

CR2E083 (9/01)