## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

3731 MYKONOS CT

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

**BOCA RATON FL 33487** 

## DOCUMENT # L01000013067

1. Entity Name

3731 MYKONOS CT

**BOCA RATON FL 33487** 

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Principal Place of Business

2. Principal Place of Business

LONDON, MARK 3731 MYKONOS CT

**BOCA RATON FL 33487** 

THE LONDON CONSULTING GROUP, LLC

Country

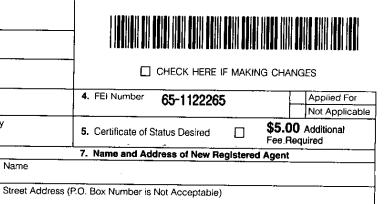
6. Name and Address of Current Registered Agent



## FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90005 004 \*\*\*\*50.00

20002493



DATE

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. I am familiar with, and accept the obligations of registered agent.

Country

Name

City

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  Due By May 1, 2003						
9. MANAGING MEMBERS/MANAGERS		/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LONDON, MARK S 3731 MYKONOS CT BOCA RATON FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LONDON, MARCIA 3731 MYKONOS CT BOCA RATON FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	Change	Addition

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 eath; 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:

521 - 958 - 8676 Daytime Phone #