

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90036 003 \*\*\*\*50.00

**DOCUMENT # L01000013539**

1. Entity Name

**MARINE MENTORS, LLC**



Principal Place of Business

**2448 CAT CAY LANE  
FORT LAUDERDALE FL 33312**

Mailing Address

**2448 CAT CAY LANE  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

**1200 SW 12th ST**

3. Mailing Address

**1200 SW 12th ST**

Suite, Apt. #, etc.

**# 214**

Suite, Apt. #, etc.

**A 214**

City & State

**FT LAUD, FL**

City & State

**FT LAUD, FL**

Zip

**33315**

Country

**USA**

Zip

**33315**

Country

**USA**

4. FEI Number **65-1131288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DIXON, LANDREA A  
2448 CAT CAY LANE  
FORT LAUDERDALE FL 33312**

Name

**DIXON, LANDREA A**

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

**1200 SW 12th ST # 214**

**FT LAUD, FL**

City

**FL**

Zip Code

**33315**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-14-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DIXON, LANDREA A**  
STREET ADDRESS **2448 CAT CAY LANE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **DIXON, LANDREA A**  
STREET ADDRESS **1200 SW 12th ST # 214**  
CITY-ST-ZIP **FORT LAUD, FL 33315**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**4-14-03 954-523-7789**

CR2E083 (10/02)

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