

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90104 020 \*\*\*\*50.00

0019468

**DOCUMENT # L01000015854**

1. Entity Name

**MARCO CUSTOM HOMES, LLC**



Principal Place of Business

**249 MARQUESAS COURT  
MARCO ISLAND FL 34145**

Mailing Address

**249 MARQUESAS COURT  
MARCO ISLAND FL 34145**

2. Principal Place of Business

**1574 SAN MARCO RD**

Suite, Apt. #, etc.

3. Mailing Address

**1574 SAN MARCO RD**

Suite, Apt. #, etc.

City & State

**MARCO ISLAND, FL**

Zip

**34145**

Country

**USA**

City & State

**MARCO ISLAND, FL**

Zip

**34145**

Country

**USA**

4. FEI Number **59-3736976**

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

**GRIFFITH, JUDITH R  
249 MARQUESAS COURT  
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

**NAME**

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

**1574 SAN MARCO RD.**

City

**MARCO ISLAND, FL**

Zip Code

**34145**

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

**Judith R. Griffith, Registered Agent/ Mgrm.**

**9/16/03**

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 Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, JUDITH R</b>	
STREET ADDRESS	<b>249 MARQUESAS CT.</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, HERMAN E</b>	
STREET ADDRESS	<b>249 MARQUESAS CT.</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1574 SAN MARCO RD.</b>	
CITY-ST-ZIP	<b>MARCO ISLAND, FL. 34145</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1574 SAN MARCO RD.</b>	
CITY-ST-ZIP	<b>MARCO ISLAND, FL. 34145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**Judith R. Griffith, MGRM**

**9/16/03**

Date

**393-21910**

Daytime Phone #

CR2E083 (4/03)