

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003765

DOCUMENT # L01000015939

1. Entity Name

MARKETUR DIRECT, LLC



FILED

03 SEP 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2455 E SUNRISE BLVD
1101
FORT LAUDERDALE FL 33304

Mailing Address

2455 E SUNRISE BLVD
1101
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0717950

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

7. Name and Address of New Registered Agent

FELDMAN, JOEL H
C/O FELDMAN & SCHNEIDERMAN, P.L.
401 CAMINO GARDENS BOULEVARD
BOCA RATON FL 33432-5809

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MARKETUR, INC.
STREET ADDRESS 539 N.E. 10TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE MGRM ☐ Delete
NAME LAVERTY, MICHAEL
STREET ADDRESS 827 SOUTH 296TH PLACE
CITY-ST-ZIP FEDERAL WAY WA 98003

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)