FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90739 007 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016039

1. Entity Name
Merlion Holdings, L.L.C.

DO NOT WRITE IN THIS SPACE

B0123493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1324 Sycamore Terrace		1324 Sycamore Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton, Florida		City & State: Boca Raton, Florida	
Zip: 33486	Country: USA	Zip: 33486	Country: USA

4. FEI Number 65-1147743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Linda O. MacLaren
Street Address (P.O. Box Number is Not Acceptable)
798 So. Federal Highway, Suite 100
City: Florida FL Zip Code 33432

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Managing Member	TITLE	
NAME	Kevin M. Ross	NAME	
STREET ADDRESS	1324 Sycamore Terrace	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Jan Carlsson	NAME	
STREET ADDRESS	2656 S. Ocean Blvd., #309-N	STREET ADDRESS	
CITY-ST-ZIP	Highland Beach, FL 33487	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/21/02 (561) 414-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #