## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000016039 1. Entity Name

MERLION HOLDINGS, L.L.C.



## **FILED** Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90117 001 \*\*\*150.00

Pincipal Piece of Business   Making Address   Surs SYGAMOR TERRICE   SOCA RATON FT. 2006   Surs SYGAMOR TERRICE   SOCA RATON FT. 2006   Surs SYGAMOR TERRICE   SOCA RATON FT. 2006   Surs SYGAMOR TERRICE					4		35							
Solan, April III and Control of Change of Eucliness	Principal Place of Business			Mailing Address										
Suite, Apt. #, etc.  City & State  A. FEI Number 65-1147743  Application  Not Application  Not Application  For Required  Property  South Figure and Address of Lourent Registered Agent  Normal  MACLAREN, LINDA O  798 SOUTH FEDERAL HIGHWAY, SUITE 100  BOCA RATON FL 33432  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Second Address (PO. Box Number is Not Acceptable)  For Registered Agent  FLE Now!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  One By May 1, 2003  FILE Now!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  One By May 1, 2003  FILE Now!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  One By May 1, 2003  FILE Registered Agent species of Page 1 Addition  FROM MORN  MACKAREN STATE AND SESS (CITY ST. 2P)  FILE Now!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  One By May 1, 2003  FILE Registered Agent species of Page 1 Addition  FROM MORN  MACKAREN STATE AND SESS (CITY ST. 2P)  FILE ADDITIONS / CHANGES  FILE AND SESS (CITY ST. 2P)  FILE ADDITIONS / CHANGES  FILE AND SESS (CITY ST. 2P)  FILE ADDITIONS / CHANGES  FILE AND SESS (CITY ST. 2P)  FILE ADDITIONS / CHANGES  FILE AND SESS (CITY ST. 2P)  FILE ADDITIONS / CHANGES  FILE ADDITIO	1324 SYCAMORE TERRACE										15151 11919		1011 (BB)	
City & State    City & State   City	2. Principal P	lace of Busir	ess	3. Mailing Address										
Zip Country S. Certificate of Satus Desired Schools S. Control Programmer Agent Status Desired Schools Status Desired Schools Status Desired Schools S	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK	HERE IF MA	KING C	HANGES		
S. Country  Country  Country  S. Country  MACLAREN, LINDA O  788 SOUTH FEDERAL HIGHWAY, SUITE 100  BOCA RATION FL 33452  City  FL Zip Code  City  FL Zip Code  S. The above named ontry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objections of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objections of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the objection of registered agent, or both, in the State of Florida. Tam femiliar with, and accept the femili	City & Stat	е		City & State				4. FEI Num	<sup>ber</sup> <b>65-11</b>	47743		<del>      -   -  </del>	<del>`</del>	]
NACLAREN, LINDA O 788 SOUTH FEDERAL HIGHWAY, SUITE 100 BOCA RATON FL 33432  The above named entity submits this statement for the purpose of changing its registered agent, or both. in the State of Florida. I am Ismiliar with, and accept need objective of objective of signature dentity submits this statement for the purpose of changing its registered agent, or both. in the State of Florida. I am Ismiliar with, and accept need objective of objective of objective or present name of ingritored agent and the if suskclabs. (INCITE Registered Agent digmann needed when remaining)  Signature, types or present name of ingritored agent and the if suskclabs. (INCITE Registered Agent digmann needed when remaining)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  MANAGING MEMBERS / MANAGERS  ITILE  MAGRIM  MAGRIM  MOSS, KEVIN M  1024 SYCAMARE TERRACE  SINETA ADDRESS  SINETA ADDRESS  SINETA ADDRESS  CITY-ST-2P  MAGRIM	Zip Country			Zip	Zip Country			1 5. Certificate of Status Desired 11 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						1
MACLAREN, LINDA O 798 SOUTH FEDERAL HIGHWAY, SUITE 100 BDCA RATION FL 33432  City FL Zip Code  City FL Xip Code  City FL Zip Code  City FL Xip Code  City FL		6. Name	and Address of Current F	legistered Agent				-7.≔Name ar	d Address of	New Regist	ered Age	nt	····	1-
SCHARL RECHARD, SUITH FEDERAL HIGHWAY, SUITE 100 BOCA RATON FL 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. I am familiar with, and accept the obligations of registered agent.  SCHARL RECHARD RESEARCH RECHARD R						Name								
S. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept rice obligations of registered agent.  Signature. Species present name of ingistered agent and ties if agent-above.    City   FL   Zip Code	798		Street Address (P.O. Box Number is Not Acceptable)											
8. The above named entity submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SignArtURE    The purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	BUC	A NATUN	rl 33432											
THE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST						City					FL	Zip Cod	е	1
Signature, typec or primed rame of registered agent and title of experiments agent and title of experiments. PELE NOW!!! FEE Is Stood.  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ROSS, KEVIN M 1324 SYCAMORE TERRACE BOCA RATON FL 33486  TITLE MGRM Debte TITLE MAME STREET ADDRESS CITY-51-72P TITLE MAME STREET ADDRESS CITY				the purpose of changing its	register	ed office or req	gistered	d agent, or b	oth, in the State	e of Florida.	I am fam	iliar with,	and accept	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM NOSS, KEVIN M 1324 SYCAMORE TERRACE STREET ADDRESS DOCA RATION FL 39486 UTV-ST-ZIP  TITLE MGRM OBelsie STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET A	SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature re	required w	hen reinstating)			DATE			
TITLE NAME ROSS, KEVIN M 1324 SYCAMORE TERRACE STREET ADDRESS OUTY-ST-ZIP BOCA RATON FL 33488 STREET ADDRESS OUTY-ST-ZIP CHARGE STREET ADDRESS OUTY-ST-ZIP Delete TITLE NAME STREET ADDRESS OUTY-ST-ZIP DELETE				Make Check Payabl	e to Fl	orida Depar		of State						
TITLE NAME ROSS, KEVIN M 1324 SYCAMORE TERRACE STREET ADDRESS OUTY-ST-ZIP BOCA RATON FL 33488 STREET ADDRESS OUTY-ST-ZIP CHARGE STREET ADDRESS OUTY-ST-ZIP Delete TITLE NAME STREET ADDRESS OUTY-ST-ZIP DELETE	9.		MANAGING MEMBER	I RS/MANAGERS	10.				ADDIT	IONS/CHAI	NGES			1
NAME SIREET ADDRESS CITY-ST-ZIP  MGRM CARLSSON, JAN 2866 & OCEAN BLVD, #809 N UOO Raloma Ape HIGHLAND BEACH FL 98487 Boca Raton, FL 334486  CITY-ST-ZIP  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-Z		MGRM			TiTL	E						Change	Addition	18
STREET ADDRESS CITY-ST-ZIP  TITLE MGRM CARLSSON, JAN 2856 S-OCEAN BLVD, \$398N— UOO Roloma Ace HIGHLAND-BEACH FL-98487* Boca Ration, FL 33486  CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREE			EVIN M		NAM	IE								3
MGRM CARLSSON, JAN 2656 S OCEAN BLVD, #889-N- UOO Roloma Ack HIGHLAND BEACH F1-09487 Boca Ration, F1. 334(86)  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STRE	STREET ADDRESS				STR	EET ADDRESS								8
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	BOCA RA	NTON FL 33486		CITY	-ST-ZIP								إً إ
STREET ADDRESS CITY-ST-ZIP HIGHLAND-BEACH FL 30467* Boca Ration, RL 33486 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-	TITLE	MGRM		Delete	TITL	E						] Change	☐ Addition	٤
CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET AD				HOO Plans Ase	NAM	I .								
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET			OCEAN BLVD, #809-N											ł
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS		HIGHLAN	ID-BEACH FL 99487 D						<u></u>	<u> </u>	<u> ·</u>	7.01		┨╌╮
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT				∟ Delete							Ĺ	_ Change	L. Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET					- 6									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE T						j								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE T	T\T\ F			□ Detete	TITL	E					Ē	Change	☐ Addition	1
CITY-ST-ZIP  CITY-ST-ZIP  TITLE    Delete						i i					_	- *	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STREET ADDRESS				STRE	EET ADDRESS								1
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  The repty certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes   further certify that the information	CITY-ST-ZIP				CITY	-ST-ZIP							•	
STREET ADDRESS CITY-ST-ZIP  TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete		I .						Change	☐ Addition	l
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  The repty certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes   further certify that the information			•			<b>I</b>								1
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  To perply certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes   further certify that the information						I .								
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  11 is bereby 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					_							7 Channa	□ Addita-	<b>1</b>
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  11. is bereby 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				∟ Delete		I .					L	T cuaude	Monition	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  11 is bereby 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						<b>I</b>								
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						I .								
the ball to be a second to the	11. I hereby of indicated	ertify that the	e information supplied with the tis true and accurate and the	this filing does not qualify for hat my signature shall have	the exe	mption stated e legal effect a	I in Sect	tion 119.07(3 de under oa	B)(i), Florida Sta	tutes. I furthe managing m	er certify ember o	that the in	nformation or of the	