

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90080 010 \*\*\*\*50.00

**DOCUMENT # L01000016385**

1. Entity Name

**MARKEN MARKETING, LLC**

Principal Place of Business

5124 NEPONSET AVE.  
ORLANDO FL 32808

Mailing Address

5124 NEPONSET AVE.  
ORLANDO FL 32808

2. Principal Place of Business

2500 Silver Star Road  
Suite 301

City &amp; State

Orlando FL

Zip  
32804Country  
USA

3. Mailing Address

2500 Silver Star Road  
Suite 301

City &amp; State

Orlando FL

Zip  
32804Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3746805

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MEALEY, KENNETH R	
STREET ADDRESS	5124 NEPONSET AVE.	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Kenneth R. Mealey* **DATE REQUIRED:** 01/27/02 **DAYTIME PHONE:** (407) 299-9300

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

Date

Daytime Phone #

CR2E083 (9/01)