

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90028 012 \*\*\*\*50.00

**DOCUMENT # L01000017194**

1. Entity Name

**MARK A. LURZ, L.L.C.**



Principal Place of Business

**7365 MERCHANT CT.  
SARASOTA FL 34240**

Mailing Address

**7365 MERCHANT CT.  
SARASOTA FL 34240**

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 **65-1147897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, ET AL.  
F. THOMAS HOPKINS  
2033 MAIN ST., STE. 600  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

**John A. Moran**

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

**22 22 SinLinks Avenue, Suite 300**

City

**Sarasota**

**FL**

**34236**

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.

**John A. Moran**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/7/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LURZ, MARK A  
9431 SANING LOOP  
LAKEWOOD FL 34202-2233**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LURZ, MARK A.  
8431 Sailing Loop  
Bradenton, FL 34202**

☒ Change ☐ Addition

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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

Date

Daytime Phone #

X2266

**2/20/2003**

**941-907-0101**

CR2E083 (10/02)