

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90065 037 ****50.00

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DOCUMENT # L01000019128

1. Entity Name

M2 GROUP, LLC



Principal Place of Business

**7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434**

Mailing Address

**1350 N TOWN CENTER DR
#2053
LAS VEGAS NV 89144**

10102714



2. Principal Place of Business

14, PERIMETER CENTER E.

3. Mailing Address

14, PERIMETER CENTER E.

Suite, Apt. #, etc.

1408

Suite, Apt. #, etc.

1408

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30346

Country

USA

Zip

30346

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1156347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID J. POWERS, P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434**

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. 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RAHMAN, ABU M**
STREET ADDRESS **1350 N TOWN CENTER DR. #2053**
CITY-ST-ZIP **LAS VEGAS NV 89144**

TITLE **PARTNER** ☐ Delete
NAME **KHONDKER FERDOUS SULTANA**
STREET ADDRESS **3107, MADISON DR.**
CITY-ST-ZIP **ATLANTA, GA-30346**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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:

S. Budano REQUIRED

05-01-03 770-730-7993

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

Date

Daytime Phone #

CR2E083 (10/02)