

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020052

1. Entity Name

MARELY, L.L.C.

FILED

02 OCT 10 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

46 KEY HAVEN  
KEY WEST FL 33040

Mailing Address

46 KEY HAVEN  
KEY WEST FL 33040

2. Principal Place of Business

46 Key Haven RW

3. Mailing Address

Suite, Apt. #, etc. Same

City & State

Keywest FL

City & State

Keywest FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOFE, HAROLD E JR. ESQ  
2300 PALM BEACH LAKES BOULEVARD  
SUITE 302, EXECUTIVE CENTRE  
WEST PALM BEACH FL 33409-3306

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 Department of State  
Due By September 25, 2002

000008372110  
10/15/02--01025--010 \*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR OHAYON, ELIE 46 KEY HAVEN KEY WEST FL 33040	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

Date: August 29 2002  
Daytime Phone #

CR2E083 (4/02)