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# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90388 040 \*\*\*\*50.00

DOCUMENT # L01000021850

1. Entity Name

AUTOGRAPH GUARANTY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 INDEPENDENCE BLVD

Suite, Apt., etc.

# 220

3. Mailing Address

1500 INDEPENDENCE BLVD

Suite, Apt., etc.

# 220

City &amp; State

SARASOTA FL

City &amp; State

SARASOTA FL

Zip

34234

Country

Zip

34234

Country

4. FEI Number

22-3755229

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

MARK SALZBERG

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

City

SARASOTA

FL

Zip Code

34234

DO NOT WRITE  
IN THIS SPACE

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO, MANAGING MEMBER  
MARK SALZBERG  
901 NORSOTA WAY  
SARASOTA FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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 #

CR2E083B (12/01)