

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

DOCUMENT # L01000022636

1. Entity Name

OPT-IN SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 17 AM 9:50

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

621 NORTHWEST 53RD STREET

3. Mailing Address

621 NORTHWEST 53RD STREET

Suite, Apt. #, etc.

SUITE 135

Suite, Apt. #, etc.

SUITE 135

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

04-3588169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BERNARD A. SINGER, ESQUIRE**

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

3107 STIRLING ROAD, SUITE 105

City **FORT LAUDERDALE**

FL

Zip Code
33312

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
MARIN ENTERPRISES, INC.
621 NORTHWEST 53RD STREET, SUITE 135
BOCA RATON FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500014243295
03/17/03--01075--015 **50.00

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IN THIS SPACE**

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:

MANAGING MEMBER

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

Date

Daytime Phone #

3/14/03