

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/6/21

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-06-2003 90080 001 ***150.00

DOCUMENT # L02000002775

1. Entity Name
CLARK COMMUNICATIONS, LLC



Principal Place of Business
12230 SW 41ST ST.
MIAMI FL 33175

Mailing Address
12230 SW 41ST ST.
MIAMI FL 33175

44003940

2. Principal Place of Business
13880 SW 119th Avenue
Suite, Apt. #, etc.

3. Mailing Address
13880 SW 119th Avenue
Suite, Apt. #, etc.

City & State,
Miami, Florida

City & State
Miami, Florida

4. FEI Number
02-6562400

Applied For
Not Applicable

Zip **33186** Country
USA

Zip **33186** Country
USA

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

6. Name and Address of Current Registered Agent

GALLER, DEBI EVANS
12780 SW 117 ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Debi Evans Galler**
Street Address (P.O. Box Number is Not Acceptable)
13880 SW 119th Avenue
City **Miami** FL Zip Code **33186**

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 **Debi Evans Galler** **Debi Evans Galler, Esquire**
(NOTE: Registered Agent signature required when Designating)

DATE
4/8/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CDD INTERNATIONAL, LLC 12230 SW 41ST ST. MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Debi Evans Galler** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **4/8/03** DAYTIME PHONE # **305-233-4888**
786-564-9041

CR2E083 (10/02)