

FILED

Feb 28, 2003 8:00 am
Secretary of State

02-10-2003 90111 005 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002949

1. Entity Name
MARKFRAME, LLC

Principal Place of Business
**9846 BERNWOOD PL. DR. #110
FORT MYERS FL 33912**

Mailing Address
**9846 BERNWOOD PL. DR. #110
FORT MYERS FL 33912**



55014474

2. Principal Place of Business
**9846 BERNWOOD PL. DR. #110
FORT MYERS FL 33912**

3. Mailing Address
**9846 BERNWOOD PL. DR. #110
FORT MYERS FL 33912**

City & State
FORT MYERS FL

City & State
FORT MYERS FLORIDA

Zip
33912

Country
LEE

Zip
33912

Country
LEE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0600140

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SUDER, MAREK
9846 BERNWOOD PL. DR. #110
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent
Name **SUDER MAREK**
Street Address (P.O. Box Number is Not Acceptable)
9846 BERNWOOD PL. DR. #110
City **FORT MYERS** FL Zip Code **33912**

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 Marek Suder (NOTE: Registered Agent signature required when reinstating) DATE 02-18-03

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARKFRAME LLC MAREK SUDER 9846 BERNWOOD PL. DR. #110 FORT MYERS FL 33912	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, Florida Statutes.

SIGNATURE: Marek Suder DATE 02-06-03 (233) 3403043

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

Date

Daytime Phone #

CR2E083 (10/02)