

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90030 004 ****50.00

DOCUMENT # L02000004157

1. Entity Name

PLEXUS M/2, LLC



Principal Place of Business

Mailing Address

ONE S.E. 3RD AVE.
SUITE 2400
MIAMI FL 33131

ONE S.E. 3RD AVE.
SUITE 2400
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

848 BRICKELL AVENUE

848 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

SUITE 600

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33131

USA

33131

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

47-0862507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASNER, MARK H
ONE S.E. 3RD AVE.
SUITE 2400
MIAMI FL 33131

Name

IVAN L.H. MARTELL

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

PLEXUS M/2, LLC

848 BRICKELL AVENUE, SUITE 600

City

MIAMI,

FL

Zip Code

33131

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 **IVAN L.H. MARTELL, MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-03

DATE

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
Ivan L.H. martell
848 Brickell Ave, Suite 600
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
Kyle H. martell
848 Brickell Ave, Suite 600
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

IVAN L.H. MARTELL

1-13-03

305.377.2880

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

Date

Daytime Phone #

CR2E083 (10/02)