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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

665 S.E. 10TH STREET, SUITE 201

DEERFIELD BEACH FL 33441

## DOCUMENT # L0200008903

1. Entity Name

Principal Place of Business

DEERFIELD BEACH FL 33441

665 S.E. 10TH STREET, SUITE 201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

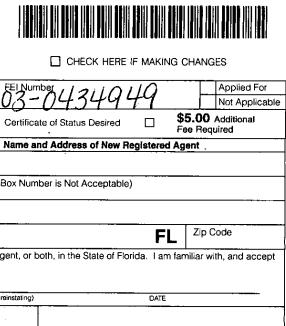
## MCMANUS MARKETING SOLUTIONS, LLC



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90026 049 \*\*\*\*50.00

**40043034** 



Zip		Country	Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Current Re		7. Name and Address of New Registered Agent						
PAT	TERSON, G	EORGE A		Name			<u> </u>			
ATTORNEY AT LAW 665 S.E. 10TH STREET, SUITE 201					Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BEACH FL 33441										
					City			FL	Zip Cod	
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 .	or printed name of registered agent and	: Registered A	gent signature require	ed when reinstating)		DATE				
•			)W!!! FE	E IS \$50.00						
	Make Check Payable to Flor									
Due By May 1, 2003										
9.	MANAGING MEMBERS/MANAGERS 10.				<del></del>		ADDITIONS/0	HANGES		
TITLE	MGRM		☐ Delete	TITLE			71001110110)	JI II TOLO	☐ Change	☐ Addition
NAME	MALCON	1 A. MCMANUS		NAME					onlingo	
STREET ADDRESS	6655.	E. 10thST. SU	TE 201	STREET A	ADDRESS					
	DEERFIELD BEACH FL 33441 CITY				-ZIP					
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NAME				NAME						
STREET ADDRESS				STREET A	DDRESS					
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NAME				NAME						
STREET ADDRESS				STREET A	l					}
CITY-ST-ZIP				CITY-ST-						
11. Thereby 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.

Daytime Phone #

CR2E083 (10/02)