

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 1:33

DOCUMENT # L02 000009007

1. Entity Name

MARSH PARK, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

706 OCEAN CLUB PL.

3. Mailing Address

560 MARSH PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FERNANDINA BEACH, FL

City & State

DULUTH, GA

4. FEI Number

56-2337746

☒ Applied For

☐ Not Applicable

Zip

32034

Country

NASSAU

Zip

30097

Country

FULTON

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CORP DIRECT AGENTS, INC.

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

103 N. MERIDIAN ST.

LOWER LEVEL 32301

City

TALLAHASSEE

FL

Zip Code

32315

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IN THIS SPACE**

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.

4-4-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGING MEMBER
NAME FLORENCE H. SANDS
STREET ADDRESS 560 MARSH PARK DR.
CITY-ST-ZIP DULUTH, GA 30097

TITLE 700015645027
NAME 04/10/03-01041-025: **50.00.
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE: Florence H. Sands FLORENCE H. SANDS 4/1/03 770-840-7789

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

Date

Daytime Phone #

CR2E083B (12/02)