

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-26-2003 90029 009 \*\*\*\*50.00

**DOCUMENT # L02000009696**

1. Entity Name

**PLEXUS ATLANTA, LLC**



Principal Place of Business

**848 BRICKELL AVENUE, SUITE 600  
MIAMI FL 33131**

Mailing Address

**848 BRICKELL AVENUE, SUITE 600  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**04-3648083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HASNER, MARK M  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Ivan L.H. Martell**

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

**Plexus Atlanta, 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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1-20-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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 checked="" type="checkbox"/> Addition
MGR	Ivan L.H. Martell	848 Brickell Avenue, Suite 600	Miami, FL 33131		
MGR	Kyle H. Martell	848 Brickell Avenue, Suite 600	Miami, FL 33131		

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** *[Signature]*

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

**1-20-03**

Date

**305-377-2880**

Daytime Phone #

CR2E083 (10/02)