

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90122 039 ****50.00

DOCUMENT # L02000017239

1. Entity Name

SOUTHERN MARKETING, L.L.C.



Principal Place of Business

**951 BROKEN SOUND PKWY., N.W., STE. 135
BOCA RATON FL 33487**

Mailing Address

**951 BROKEN SOUND PKWY., N.W., STE. 135
BOCA RATON FL 33487**

55038333



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

78-1265532

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

**COHN, JERALD N
951 BROKEN SOUND PKWY., N.W., STE. 135
BOCA RATON FL 33487**

Name

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

City

FL

Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 **MANAGING PARTNER** ☐ Delete
NAME **JERALD N COHN**
STREET ADDRESS **951 BROKEN SOUND PKWY NW STE 135**
CITY-STATE-ZIP **BOCA RATON, FL 33487**

TITLE **PARTNER** ☐ Delete
NAME **DAVID E TANNER**
STREET ADDRESS **951 BROKEN SOUND PKWY NW STE 135**
CITY-STATE-ZIP **BOCA RATON, FL 33487**

TITLE **PARTNER** ☐ Delete
NAME **THOMAS R. HARTY**
STREET ADDRESS **951 BROKEN SOUND PKWY NW #135**
CITY-STATE-ZIP **BOCA RATON, FL 33487**

TITLE **PARTNER** ☐ Delete
NAME **RAYMOND REX**
STREET ADDRESS **951 BROKEN SOUND PKWY NW #135**
CITY-STATE-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

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

Date

Daytime Phone #

CR2E083 (10/02)