

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90038 012 *****50.00

DOCUMENT # L02000026113

1. Entity Name

Blue Marlin Investments of
Sarasota, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 18037

Suite, Apt. #, etc.

3. Mailing Address

PO Box 18027

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

01-0752832

Applied For

Not Applicable

Zip

34276

Country

USA

Zip

34276

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen Voigt

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

2042 Bee Ridge Road

City

Sarasota

FL

Zip Code

34239

**DO NOT WRITE
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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM	William B. Moore	717 Freeling Drive Sarasota, FL 34242
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4-22-03

Date

941-927-9415

Daytime Phone #

CR2E083B (12/02)