

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 NOV 24 AM 9: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027533

1. Entity Name
427 MARVIN, LLC



Principal Place of Business
51 OAKLEIGH LANE
MAITLAND, FL 32751

Mailing Address
P.O. BOX 940605
MAITLAND, FL 32799-0605

RESTATEMENT

2003



2. Principal Place of Business

3. Mailing Address

1352 W. Lake Colony Dr.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Maitland Florida

City & State

Zip Country

Zip
32751

Country

Zip

Country

4. FEI Number

N/A

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

~~CALHOUN, MICHAEL D.~~
~~51 OAKLEIGH LANE~~
~~MAITLAND, FL 32751~~

Name
MICHAEL D. CALHOUN

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

1352 W. Lake Colony Drive

City
MAITLAND

FL

Zip Code
32751

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]

Michael Calhoun, MGRM

11/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CALHOUN, MICHAEL D.
51 OAKLEIGH LANE
MAITLAND, FLORIDA 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1352 W. Lake Colony Drive

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
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01/21/03 90315 029 \$50.00

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Michael D. Calhoun, Managing Member

11/18/03

Date

321 356 1801

Daytime Phone #

CR2E083 (10/02)