


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503267900398  
9/22/2003-90105-017-\$55.00-\$55.00

5911543

**DOCUMENT # L02000027813**

1. Entity Name  
**MARK CONSULTING SERVICES, LLC**



**FILED**  
2003 NOV 19 PM 3:27  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
17348 S.W. 8TH STREET  
PEMBROKE PINES FL 33029

Mailing Address  
17348 S.W. 8TH STREET  
PEMBROKE PINES FL 33029

2. Principal Place of Business  
*17*  
~~HOME~~ 17348

3. Mailing Address  
~~17348 SW 8 St~~

Suite, Apt. #, etc.

City & State  
~~Pembroke Pines~~ FL

City & State  
FL

Zip  
33029

Country  
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number  
33-1027382

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARK, COURTNEY  
17348 S.W. 8TH STREET  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

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

City  
FL

Zip Code

I, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MRS. DEVI - CONTINUED</del> <del>17348 SW 8 St</del> <del>Pembroke Pines, FL 33029</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT COURTNEY MARK (NEW) 17348 SW 8 St PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PATRICIA BERNARD-MARK</del> <del>5624</del> <del>17348 SW 8 St</del> <del>PEMBROKE PINES, FL 33029</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY PATRICIA BERNARD-MARK (NEW) 17348 SW 8 St PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

*COURTNEY MARK*  
9/17/03 9547236164

CR2E083 (4/03)

*10/10/03*