


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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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: *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: _____ State: **FL** Zip Code: _____

I, the above named entity, submit 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: <i>MEMBER - CONTINUED</i> <input type="checkbox"/> Delete	NAME: <i>MARK COURTNEY</i>	TITLE: <i>PRESIDENT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>COURTNEY MARK (NEW)</i>
STREET ADDRESS: <i>17348 SW 8 St</i>	CITY-ST-ZIP: <i>PEMBROKE PINES, FL 33029</i>	STREET ADDRESS: <i>17348 SW 8 St</i>	CITY-ST-ZIP: <i>PEMBROKE PINES, FL 33029</i>
TITLE: <i>PATRICIA BERNARD-MARK</i> <input type="checkbox"/> Delete	NAME: <i>PATRICIA BERNARD-MARK</i>	TITLE: <i>SECRETARY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>PATRICIA BERNARD-MARK (NEW)</i>
STREET ADDRESS: <i>17348 SW 8 St</i>	CITY-ST-ZIP: <i>PEMBROKE PINES, FL 33029</i>	STREET ADDRESS: <i>17348 SW 8 St</i>	CITY-ST-ZIP: <i>PEMBROKE PINES, FL 33029</i>
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-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 #

COURTNEY MARK *9/17/03* *9547236164*

CR2E083 (4/03)