

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000032821

Entity Name: MICROSENTRY, LLC

FILED
Mar 08, 2003
Secretary of State

Current Principal Place of Business:

3800 GALT OCEAN DRIVE STE. 410
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3800 GALT OCEAN DRIVE STE. 410
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIN, STEVE
3800 GALT OCEAN DRIVE STE. 410
FORT LAUDERDALE, FL 33308

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BRADBURY, A. MAREK
Address: 3800 GALT OCEAN DRIVE STE. 410
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: CHIN, STEVE
Address: 3800 GALT OCEAN DRIVE STE. 410
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: PALATKEVICH, ALIK
Address: 3800 GALT OCEAN DRIVE STE. 410
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVE CHIN

MGR.

03/08/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date