

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90041 006 ****50.00

DOCUMENT # L02000034737

1. Entity Name

MARKET MANGEMENT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Knowles Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Winter Park, FL

City & State

City & State

32789

Zip

Country

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

73-1628586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS L. TEDROW

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

200 S. Knowles Ave

Winter Park, FL 32789

City

FL

Zip Code

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
THOMAS TEDROW, Pres.
200 S. Knowles Ave
Winter Park, FL 32789

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**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

Date

Daytime Phone #

2-26-03

407 6222040
Ext 5

CR2E083B (12/02)