

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 016 ****50.00

DOCUMENT # L95000000024

1. Entity Name

GUSTO MARKETING SERVICES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5400 South University Drive

3. Mailing Address
5400 South University Drive

Suite, Apt. #, etc.
Suite 111

Suite, Apt. #, etc.
Suite 111

City & State
Davie, Florida

City & State
Davie, Florida

Zip
33328

Country
US

Zip
33328

Country
US

4. FEI Number
650544729

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alvin D. Lodish, P.A.

Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Boulevard

Suite 2500

City
Miami

FL Zip Code
33131

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME Potiker, Lowell
STREET ADDRESS 3366 North Torrey Pines Court, Suite 210
CITY-ST-ZIP La Jolla, California 92037

TITLE MGR
NAME Elrad, Martin H
STREET ADDRESS 6937 Lake Estate Court
CITY-ST-ZIP Boca Raton, FL 33496

TITLE MGR
NAME Richter, David
STREET ADDRESS 227 W. Monroe Street, Suite 4800
CITY-ST-ZIP Chicago, IL 60606

TITLE MGR
NAME Potiker, Jori
STREET ADDRESS 3366 North Torrey Pines Court, Suite 210
CITY-ST-ZIP La Jolla, California 92037

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CITY-ST-ZIP

**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

Les Haskew, Authorized Representative

4-30-02

954-689-4044

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

Date

Daytime Phone #

CR2E083B (12/01)