

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001605

1. Entity Name

LM PUBLICATIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:41



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2555 COLLINS AVENUE #1508
MIAMI BEACH FL 33140

Mailing Address

2555 COLLINS AVENUE #1508
MIAMI BEACH FL 33140-4761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0864437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLAND, BRUCE J
801 BRICKELL AVENUE, SUITE 1501
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LEPSELT, GEOFFREY

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

2555 COLLINS AVE. #1508

City MIAMI BEACH

FL

Zip Code 33140

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

Geoffrey Lepsel - Principal - LM Publications, LLC

2/17/2000

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 Department of State

nf 3/7/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
LEPSELT, GEOFFREY
STREET ADDRESS 2555 COLLINS AVE., APT. 1508
CITY- ST- ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM
Lepsel, Martin P.
STREET ADDRESS 25 Sweetbriar Rd. Summit, NJ 07901 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

* 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:

Geoffrey Lepsel LEPSELT, GEOFFREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/17/2000 (305) 355603

CR2E083 (9/99)