

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002201

1. Entity Name

LTMK, LLC

FILED

00 JAN 20 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1290 NORTH PALM AVENUE
SARASOTA FL 34236

1290 NORTH PALM AVENUE
SARASOTA FL 34236-5604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, JEROME S
1680 FRUITVILLE ROAD, SUITE 102
SARASOTA FL 34236

Name

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

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS LEVIN AND TANNENBAUM, P.A.
CITY- ST- ZIP 1680 FRUITVILLE ROAD, SUITE 102
SARASOTA FL 34236 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 0000003112240--1
CITY- ST- ZIP -01/27/00--01014--006
*****50.00 *****50.00

TITLE NAME MGRM
STREET ADDRESS KAUFFMAN, MINDY
CITY- ST- ZIP 1290 N. PALM AVENUE
SARASOTA FL 34236 ☐ Delete

TITLE NAME Mindy K. Parker
STREET ADDRESS
CITY- ST- ZIP ☒ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Mindy K. Parker* SIGNATURE REQUIRED

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

1/17/00

Date

(941) 954-4044

Daytime Phone #