

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006206

1. Entity Name

MARBILL MANAGEMENT OF FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

[Handwritten Signature]

Principal Place of Business

4279 ROSWELL ROAD, SUITE 102-256
ATLANTA GA 30342

Mailing Address

4279 ROSWELL ROAD, SUITE 102-256
ATLANTA GA 30342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 6100 Lake Forest Drive
Suite 430

Suite, Apt. #, etc. 6100 Lake Forest Drive
Suite 430

City & State Atlanta, GA 30328

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4. FEI Number
58-2508381

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

BIRD, T. BUCKINGHAM ESQ.
220 SOUTH CHERRY STREET
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS CAMPBELL, WILLIAM J
CITY-ST-ZIP 4279 ROSWELL ROAD, SUITE 102-256
ATLANTA GA 30342 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

08.01.00

Date

404.943.0834

Daytime Phone #

CP2E083 (5/00)