

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006206

1. Entity Name
MARBILL MANAGEMENT OF FLORIDA, LLC

FILED

01 MAY 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6100 LAKE FORREST DRIVE
SUITE 430
ATLANTA GA 30328

Mailing Address
6100 LAKE FORREST DRIVE
SUITE 430
ATLANTA GA 30328

2. Principal Place of Business

2443 Fillmore St.
Suite, Apt. #, etc.
PMB 368

3. Mailing Address

2443 Fillmore St.
Suite, Apt. #, etc.
PMB 368

City & State

SAN FRANCISCO, CA

Zip

94115

Country

USA

City & State

SAN FRANCISCO, CA

Zip

94115

Country

USA

4. FEI Number

58-2508381

Applied For

Not Applicable

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

608084418606-6
-06/14/01--01002--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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☐ 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:

SIGNATURE REQUIRED William J. Campbell 5/7/01 415/750-1210

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

Date

Daytime Phone #

CR2E083 (11/00)