

MEMBERS !!! 2000 UNIFORM BUSINESS REPORT (UBR)

0007611 AF

DOCUMENT # L99000006284
1. Entity Name
MARCO SUNSET ENTERPRISES LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -3 PM 1:29

Principal Place of Business
**404 SOUTH MELVILLE AVENUE
TAMPA FL 33606**

Mailing Address
**404 SOUTH MELVILLE AVENUE
TAMPA FL 33606-2010**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3612384

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For ☒ Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**AGACINSKI, CATHERINE F
404 SOUTH MELVILLE AVENUE
TAMPA FL 33606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. **MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Catherine F. Agacinski 404 S. Melville Avenue TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. **ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	200003317112--3 -07/10/00--01011--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine F. Agacinski* **8/26/00** **813-231-6215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)