

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000008544**

1. Entity Name

THE WILSON MARKETING GROUP, L.L.C.**FILED**
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90116 034 ****50.00

Principal Place of Business

Mailing Address

1750 UNIVERSITY DRIVE, SUITE 118
CORAL SPRINGS FL 33071**3181 N.W. 72ND AVENUE**
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

3181 N.W. 72ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate, Florida

Zip

Country

Zip

Country

33063**U.S.A.**4. FEI Number **65-0965442**

Applied For

Not Applicable

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

WILSON, SEAN L
1750 UNIVERSITY DRIVE STE 223
CORAL SPRINGS FL 33071

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. I am familiar with, and accept the obligations of registered agent.

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**
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM WILSON, SEAN L 3181 N.W. 72 AVENUE MARGATE FL 33063	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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**

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

Date:

Daytime Phone #

9/22/02 **(954) 575-3366**

CR2E083 (4/02)