

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 007 ****50.00

DOCUMENT # L99000009080

1. Entity Name

MARSH CREEK NORTH, LLC

Principal Place of Business

**4315 PABLO OAKS ST.
 SUITE 1
 JACKSONVILLE FL 32224-9667**

Mailing Address

**4315 PABLO OAKS ST.
 SUITE 1
 JACKSONVILLE FL 32224-9667**

954294

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3628786

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

**BRAREN, MICHAEL E
 9551 BAYMEADOWS ROAD, SUITE 4
 JACKSONVILLE FL 32256**

Name
BRAREN, MICHAEL E.

Street Address (P.O. Box Number is Not Acceptable)
4315 PABLO OAKS COURT, SUITE 1

City **JACKSONVILLE** **FL** Zip Code **32224**

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

Michael E. Braren

Michael E. Braren

4/17/02

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **BRAREN, MICHAEL E**
 STREET ADDRESS **4315 PABLO OAKS CT., SUITE 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Michael E. Braren

Michael E. Braren
 Managing Member

4/17/02

904/482-1100

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (9/01)