LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -2 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009320

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1. Entity Name

MAARCS, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
416 N.E. 23RD Ave	416 N.E. 23 RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch Fla	City & State: Pompano Bch Fla
Zip: 33062 Country: U.S.A.	Zip: 33062 Country: U.S.A.

4. FEI Number: 65-1082067 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ANDRE J. PERRIN

Street Address (P.O. Box Number is Not Acceptable): 416 N.E. 23RD AVE

City: Pompano Bch FL Zip Code: 33062

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: Andre J Perrin DATE: 7/22/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	ANDRE J. PERRIN
STREET ADDRESS	416 N.E. 23RD Ave
CITY-ST-ZIP	Pompano Bch Fl 33062
TITLE	MGRM
NAME	Sylvia P. Brown
STREET ADDRESS	CMR 420 Box 271
CITY-ST-ZIP	APO A.E. 09063
TITLE	MGRM
NAME	Adrienne P. Parr
STREET ADDRESS	5308 Coliseum St.
CITY-ST-ZIP	N.O. LA 70115
TITLE	MGRM
NAME	Carol P Lehr
STREET ADDRESS	19 Nightingale Dr.
CITY-ST-ZIP	Aliso Viejo CA 92656
TITLE	MGRM
NAME	Rene F. Perrin
STREET ADDRESS	1016 Park Ave.
CITY-ST-ZIP	Huntington, N.Y. 11743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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TRUST STATEMENT attached

CR2E083B (12/01)

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: Andre J Perrin 7/22/02 (954) 946-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #