

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90070 001 ***200.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000002163

1. Entity Name
MOBERGER I, LLC



55018382

Principal Place of Business
3045 EAST FIFTH AVE.
COLUMBUS, OH 43219

Mailing Address
3045 EAST FIFTH AVE.
COLUMBUS, OH 43219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

31-1737279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W
850 PARK SHORE DRIVE, 3RD FLOOR
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
MARK J. PRICE

Street Address (P.O. Box Number is Not Acceptable)

Roetzel + Address, L.P.A.

850 Park Shore Drive, 3rd Fl

City
Naples

FL

Zip Code
34103

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

MARK J. PRICE

3/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
M	MOBERGER, JACK M	10036 SYLVIAN DRIVE	DUBLIN, OH 43017	☐
M	MOBERGER, TY A	10036 SYLVIAN DRIVE	DUBLIN, OH 43017	☐
M	MOBERGER, CHAD R	10036 SYLVIAN DRIVE	DUBLIN, OH 43017	☐
MGRM	MOBERGER, ROBERT C	10036 SYLVIAN DRIVE	DUBLIN, OH 43017	☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ 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:

3-07-03

614-961-1107

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

Date

Daytime Phone #

CR2E083 (10/02)