

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001313

1. Entity Name

MARLIN ESOURCING SOLUTIONS, LLC



FILED

03 MAR 25 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3600 COMMERCE BLVD
KISSIMMEE FL 34741

3600 COMMERCE BLVD
KISSIMMEE FL 34741

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 88-0435791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAPLES, JOHNSTON R III
6990 LAKE ELLENOR DRIVE
ORLANDO FL 32809

Name Richard W. Baker

Street Address (P.O. Box Number is Not Acceptable)
2535 Success Drive

City Odessa

FL

Zip Code 33556

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

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

MGR
(NOTE: Registered Agent signature required when reinstating)

3/25/03
DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME SPEER, ROY
STREET ADDRESS 2353 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE CELIA BACHMAN - MGR ☐ Change ☒ Addition
NAME
STREET ADDRESS 3600 Commerce Blvd.
CITY-ST-ZIP Kissimmee, FL 34741

TITLE MGR ☐ Delete
NAME BAKER, RICHARD W
STREET ADDRESS 2353 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL 33556

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400014679234
STREET ADDRESS 03/25/03--01043--003
CITY-ST-ZIP **25.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Celia H. Bachman
CELIA H. BACHMAN

3/24/03
Date

407 251 2020
Daytime Phone #