

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

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90038 009 \*\*\*\*50.00

DOCUMENT # M 01000001418

1. Entity Name

PUBLICIS SANCHEZ \* LEVITAN, LLC

**DO NOT WRITE IN THIS SPACE**

951692

2. Principal Place of Business

1790 CORAL WAY

3. Mailing Address

P.O. Box 809014

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

DALLAS, TX

4. FEI Number

74-3005485

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

75380-9014

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AIDA LEVITAN 1790 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAUSTO SANCHEZ 1790 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOUG HENDERSON 14185 NORTH DALLAS PARKWAY DALLAS, TX 75254
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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

Date

Daytime Phone #

CR2E083B (12/01)