

3/13

FILED

Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90093 035 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002118

1. Entity Name

MAKO TECHNOLOGIES LLC

Principal Place of Business

14230 CARLSON CIRCLE (2G7)
TAMPA FL 33626

Mailing Address

14230 CARLSON CIRCLE (2G7)
TAMPA FL 33626

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 59-3743228

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

Name

William Volmuth

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

14230 Carlson Circle

City

Tampa

FL

Zip Code

33626

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.

WILLIAM VOLMUTH

(NOTE: Registered Agent signature required when reinstating)

3-29-02

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 MGR
NAME VOLMUTH, WILLIAM
STREET ADDRESS 14230 CARLSON CIRCLE (2G7)
CITY-ST-ZIP TAMPA FL 33626 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE MGR
NAME CASEY, TROY
STREET ADDRESS 2633 N.W. 48TH ST.
CITY-ST-ZIP BOCA RATON FL 33434 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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:

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

WILLIAM VOLMUTH

3-29-02

Date

727-943-8687

Daytime Phone #

CR2E083 (9/01)