

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90031 009 ****50.00

DOCUMENT # M01000002167

1. Entity Name

MARLIN NUTRITIONAL, LLC

Principal Place of Business

**50 W. LIBERTY STREET, STE 650
 RENO NV 89501**

Mailing Address

**50 W. LIBERTY STREET, STE 650
 RENO NV 89501**

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

88-0506923

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

**STAPLES III, JOHNSTON R
 3600 COMMERCE BLVD
 KISSIMMEE FL 34741**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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 **MGRM** ☐ Delete
 NAME **BAKER, RICHARD W**
 STREET ADDRESS **2535 SUCCESS DRIVE**
 CITY-ST-ZIP **ODESSA FL**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **JOHNSTON R. STAPLES, III**
 STREET ADDRESS **3600 Commerce Blvd.**
 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **MGRM** ☐ Delete
 NAME **SPEER, ROY M**
 STREET ADDRESS **2535 SUCCESS DRIVE**
 CITY-ST-ZIP **ODESSA FL**

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

TITLE **MGRM** ☐ Delete
 NAME **SENTELL, SCOTT**
 STREET ADDRESS **2535 SUCCESS DRIVE**
 CITY-ST-ZIP **ODESSA FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E083 (9/01)