

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90053 008 ****50.00

DOCUMENT # M01000002684

1. Entity Name

MARINEMAX OF SARASOTA, LLC



Principal Place of Business

**18167 U.S. HIGHWAY 19 NORTH, STE. 499
CLEARWATER FL 33764**

Mailing Address

**18167 U.S. HIGHWAY 19 NORTH, STE. 499
CLEARWATER FL 33764**

20007475



☐ CHECK HERE IF MAKING CHANGES

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 **59-3758886**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	P	MCGILL, WILLIAM H JR	18167 US 19 N, SUITE 499 CLEARWATER FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT	RUSSELL, ED	18167 US 19 NORTH, SUITE 499 CLEARWATER, FL 33764
<input type="checkbox"/> Delete	TVPS	MCLAMB, MICHAEL H	18167 US 19 N, SUITE 499 CLEARWATER FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ASST TREASURER	NIEDENPUER, GAYLE	18167 US 19 NORTH, SUITE 499 CLEARWATER, FL 33764
<input type="checkbox"/> Delete	S	FRAHN, KURT	18167 US 19 N, SUITE 499 CLEARWATER FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	S	EZZELL, JACK	18167 US 19 N, SUITE 499 CLEARWATER FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E083 (10/02)

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 REQUIRED

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

1/13/03

Date

727-531-1700

Daytime Phone #