

2001 UNIFORM BUSINESS REPORT (UBR)

0028197 AF

DOCUMENT # **M98000001575**

1. Entity Name

COMMERCE LIMITED LIABILITY COMPANY OF OHIO

FILED

01 FEB -8 AM 10:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**6745 ENGLE ROAD, SUITE 300
MIDDLEBURG HEIGHTS OH 44130**

Mailing Address

**6745 ENGLE ROAD, SUITE 300
MIDDLEBURG HEIGHTS OH 44130**

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

34-1843024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **AMSDALL, TODD C**
CITY-ST-ZIP **6745 ENGLE ROAD, SUITE 300
MIDDLEBURG HEIGHTS OH 44130**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **HURTUK, BRIAN A**
CITY-ST-ZIP **6745 ENGLE ROAD, SUITE 300
MIDDLEBURG HEIGHTS OH 44130**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003675773--7**
CITY-ST-ZIP **-02/13/01--01021--001**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

TODD C. AMSDELL, Manager

2/5/01

Date

440-234-0700

Daytime Phone #

CR2E083 (11/00)