

2002 UNIFORM BUSINESS REPORT (UBR)

0006405

DOCUMENT # **M99000000850**

1. Entity Name

MEDCLER II, L.L.C.

MARLIN Holdings Marketing, LLC

Principal Place of Business

Mailing Address

923 TOPPINO DRIVE
KEY WEST FL 33040

923 TOPPINO DRIVE
KEY WEST FL 33040

FILED

02 SEP -9 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

333 GLEN ST.

3. Mailing Address

333 Glen St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

Suite 200

City & State

City & State

GLENS FALLS, NY

Glens Falls NY

Zip

Country

Zip

Country

12801

USA

12801

USA

4. FEI Number **65-0681963**

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 BAYS 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 Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **DEDRICK, WARREN**
STREET ADDRESS **727 WASHINGTON STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **100007850121** ☐ Change ☐ Addition
NAME **-09/19/02--01062--003**
STREET ADDRESS *******50.00 *****50.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

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

8/14/02 518-745-8200

Date Daytime Phone #

CR2E083 (4/02)



July 30, 2002

Florida Department of State
Division of Corporations
Limited Liability Company
P.O. Box 6478
Tallahassee, FL 32314-6478

OPERATING COMPANIES:

Re: Medclr II, LLC
EIN 65-0681963

Dear Sir or Madam:

The purpose of this letter is to inform you of some adjustments which need to be made to your records for the above referenced taxpayer. In January of 2002, Medclr II, LLC changed its name to Marlin Holdings Marketing, LLC. In addition, its ownership structure changed. Prior to January 2002, Medclr II, LLC had no activity and was owned 100% by Medclr, Inc. As such, Medclr II, LLC used Medclr, Inc.'s EIN (which is the number reflected above). In January 2002, the company's ownership transferred to Marlin Integrated Capital Holding Corp. and the company began doing business. At this time a new EIN was applied for. The Company's new EIN is 48-1261840. If you have any questions call me at (518) 745-8260.

Sincerely,

A handwritten signature in black ink, appearing to read "A. David Muddiman".

A, David Muddiman
CFO

