2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001083

1. Entity Name

LANDMAR GROUP, LLC



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90041 006 ****50.00

						OWE.							
Principal Place of Business				Mailing Address									
10161 CENTURION PARKWAY N., SUITE 190				10161 CENTURION PARKWAY N., SUITE 190 JACKSONVILLE FL 32256						บบบ	3013¢	J	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			7	☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEI Nur	mber 56	2153538		-	Applied For	
Zip	Zip Country			Zip ·	try	5. Certific	ate of Status	Desired		\$5.00 A	dditional		
	6. Name a	nd Address of Curi	rent Reg	istered Agent	•		7. Name a	nd Address	of New Re	alstered	Agent		
						Name				<u></u>			
BURR, EDWARD E 10161 CENTURION PARKWAY N., SUITE				190		Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
JAC	KSONVILLE F	L 32256											
						City				FL	Zip Co	de	
8. The above	e named entity s	submits this stateme	nt for the	purpose of changing its	registere	d office or regis	stered agent or	both in the S	State of Flor		* [and against	
the obligat	tions of register	ed agent.		, p = p = 0 , e , e , e , g , . g , . g	·ogiotoit	ou omoo or rogic	stored agent, or	Dour, in the t	State Of FIGH	ua. 1 aili	idililidi wili	i, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)							uired when reinstating)			DATE			
				Make Check Payabl	e to Flo	FEE IS \$50.0 orida Departr ay 1, 2003							
9. MANAGING MEMBERS/MANAGERS					10.			Ar	DITIONS/C	HANGES			
TITLE	MGR			☐ Delete	TITLE				DITIONS/C	HANGES	☐ Change	☐ Addition	
NAME	LANDMAR MANAGEMENT LLC											Addition	
STREET ADDRESS 10161 CENTURION PKWY N., SUIT				190	ET ADDRESS								
CITY-ST-ZIP JACKSONVILLE FL 32256			•			ST-ZIP						;	
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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. 904-998-8300 SIGNATURE:

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

Daytime Phone #