

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001735

1. Entity Name
LRX GROUP, LLC

Principal Place of Business
7300 N KENDALL DR., STE 540
MIAMI FL 33156

Mailing Address
7300 N KENDALL DR., STE 540
MIAMI FL 33156-7840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0941145

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARCUS, ALAN K
7300 N KENDALL DR., STE 540
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/ Manager <input type="checkbox"/> Delete Alan K. Marcus 7300 N. Kendall Dr. #540 Miami, Florida 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete Howard Allenberg 180 N. Stetson Avenue #4300 Chicago, Illinois 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Manager <input type="checkbox"/> Delete Kenneth A. Mooney 180 N. Stetson Avenue #4300 Chicago, Illinois 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete Murray Marcus 7300 N. Kendall Dr. #540 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
ALAN K. MARCUS
PRESIDENT/MANAGER

Date

5/2/00 305 5071200

Daytime Phone #

CR2E083 (9/99)