

AMENDED
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001775**

1. Entity Name

SMARTMAIL LLC



FILED
Jun 20, 2003 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 Southpoint Drive

Suite, Apt. #, etc.
Suite 200

City & State
Forest Park, GA

Zip
30297

Country
U.S.A.

3. Mailing Address
Same as Block 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **11-3363430**

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Martell James**

Street Address (P.O. Box Number is Not Acceptable)

314 Ringling Point Drive

City **Sarasota**

FL

Zip Code
34234

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 his or her office.

DATE

FEE IS \$60.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
James Martell
314 Ringling Pointe, Sarasota, FL 34234**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
Jennifer Haley
186 Eagles Landing Club, Stockbridge, GA
30281**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVP Sales
David Sapp
1815 SugarLoaf Club, Duluth, GA 30097**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Chairman
Matthew T. Vettel
Same as block 2**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Christopher S. Gaffney
Same as block 2**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Scott W. McLallen
Same as block 2**

TITLE
NAME
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CITY - 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.

SIGNATURE:

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

Jennifer Haley

4/30/03

Date

Daytime Phone #

CR2E063B (12/02)