


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Jan 31, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L03000003445  
1. Entity Name  
MARS, LLC



Principal Place of Business: 6503 FLETCH RD, LAND O' LAKES FL 34637  
Mailing Address: 6503 FLETCH RD, LAND O' LAKES FL 34637



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State

4. FEI Number: 37-1459696  
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
LESNIAK SMITH, BARBARA  
6503 FLETCH RD  
LAND O' LAKES FL 34637

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Barbara Lesniak-Smith* DATE: 1-28-08  
(NOTE: Registered Agent's signature required if which is existing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	PC	<input type="checkbox"/> Delete
NAME	LESNIAK-SMITH, BARBARA	
STREET ADDRESS	6503 FLETCH RD	
CITY-ST-ZIP	LAND O' LAKES FL 34637	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SMITH, RONALD	
STREET ADDRESS	6503 FLETCH RD	
CITY-ST-ZIP	LAND O' LAKES FL 34637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

000000810170  
02-08-08-80054-010-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Barbara Lesniak-Smith* (BARBARA LESNIAK-SMITH) (813)949-0041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: 1-28-08 Digitally Signed by