

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077210

Entity Name: SBT MARKETING, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1068 TRUMAN STREET
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1068 TRUMAN STREET
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 20-3276125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAOLA, JASON ESQ
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: COSTELLO, STEVEN R
Address: 101 TERRACE BLUFF
City-St-Zip: ALEDO, TX 76008

Title: MR. () Delete
Name: COLLINS, GORDON R
Address: 1068 TRUMAN ST.
City-St-Zip: NOKOMIS, FL 34275

Title: MRS () Delete
Name: COSTELLO, NICOLE
Address: 101 TERRACE BLUFF
City-St-Zip: ALEDO, TX 76008

Title: MRS () Delete
Name: COLLINS, SHARON R
Address: 1068 TRUMAN ST.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GORDON R COLLINS

MR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date