



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000106664 1. Entity Name 6681 NW 17TH AVE. DMKT, LLC	
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Principal Place of Business 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201	Mailing Address 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3643363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARLEN, ROBERT M
 110 EAST ATLANTIC AVE., SUITE 330
 DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

DATE: 03/26/08-80095-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENTONO, MARNA 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Marna Dentono Mgr.* 3/7/08 (941) 351-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #