

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112719

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** MARTIN ENTERPRISES, LLC

**Current Principal Place of Business:**

2254 HWY 83 N  
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 729  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

**FEI Number:** 20-5921510      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, GARY L  
418 JOE ANDERSON ROAD  
DEFUNIAK SPRINGS, FL 32433 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: MGR ( ) Delete  
Name: MARTIN, GARY L  
Address: 418 JOE ANDERSON RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGRM ( ) Delete  
Name: MARTIN, WILLIAM A  
Address: P O BOX 43  
City-St-Zip: MOSSYHEAD, FL 32434 US

**ADDITIONS/CHANGES:**

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: GARY L. MARTIN

MGR

04/30/2008

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