

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90030 004 ****55.00

DOCUMENT # L00000000829

1. Entity Name

MARMI, L.C.



Principal Place of Business

Mailing Address

1515 UNIVERSITY DRIVE, SUITE 215
CORAL SPRINGS FL 33071

1515 UNIVERSITY DRIVE, SUITE 215
CORAL SPRINGS FL 33071



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-0979238

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, ADREW
1575 UNIVERSITY DR. STE 103
CORAL SPRINGS FL 33071

Name

Horsting Timothy M. CSg

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

1515 University Dr. Ste. 203

City

Coral Springs

FL

Zip Code

33071

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 or authorized representative (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/07

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SCANLON, ROBERT S
1515 UNIVERSITY DRIVE, SUITE 215
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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:

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

Date

Telephone #

Robert Scanlon

Scanlon

Director

4/10/07

954-752-6329