

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004002

1. Entity Name
ORANGE MARK, L.L.C.



Principal Place of Business
**2511 VASCO STREET, UNIT 112
PUNTA GORDA, FL 33950**

Mailing Address
**2511 VASCO STREET, UNIT 112
PUNTA GORDA, FL 33950**



02232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4359487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000078998
03/08/04-80048-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GELLER, CHRISTINE
300 TOYOPA AVE.
PACIFIC PALISADES, CA 90272**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LANG, CAROLYN
838 FRANKLIN AVE.
RIVER FOREST, IL 60305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HECK, CYNTHIA
120 W. 2ND ST.
DAYTON, OH 45402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-04 937-2286802