

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90189 035 ****50.00

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1. Entity Name
MARK MARTIN PERFORMANCE, LLC



Principal Place of Business
208 CESSNA BLVD.
PORT ORANGE, FL 32128

Mailing Address
208 CESSNA BLVD.
PORT ORANGE, FL 32128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

210 CESSNA BLVD STE 1

Suite, Apt. #, etc.

210 CESSNA BLVD STE 1

City & State

City & State

Zip

Country

Zip

Country

01252006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3676423

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

ERTEL, BENNY
208 CESSNA BLVD.
PORT ORANGE, FL 32128

Name

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

210 CESSNA BLVD STE 1

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARTIN, MARK A
208 CESSNA BLVD
PORT ORANGE, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
210 CESSNA BLVD STE 1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, ARLENE E
208 CESSNA BLVD
PORT ORANGE, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
210 CESSNA BLVD STE 1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Mark Martin

2/14/06

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

Date

Daytime Phone #