

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
04 MAR 31 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011721

1. Entity Name  
MARSDEN, LLC



Principal Place of Business  
150 2ND AVENUE NORTH, STE. 1100  
ST. PETERSBURG, FL 33701

Mailing Address  
150 2ND AVENUE NORTH, STE. 1100  
ST. PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

03232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRONSTEIN, JOEL D  
150 2ND AVENUE NORTH, STE. 1100  
ST. PETERSBURG, FL 33701

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BRONSTEIN, JOEL D  
150 2ND AVENUE NORTH, STE. 1100  
ST. PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

600031754986  
04/02/04--01071--002 \*\*50.00

**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 #

727-  
3-29-04 898-6691