

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000003029

1. Entity Name
MARK MARTIN REALTY, LLC



Principal Place of Business
**212 CESSNA BLVD.
UNIT 4
PORT ORANGE, FL 32128**

Mailing Address
**212 CESSNA BLVD.
UNIT 4
PORT ORANGE, FL 32128**

DO NOT WRITE IN THIS SPACE

02122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3719335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ERTEL, BENNY
210 CESSNA BLVD
SUITE 1
PORT ORANGE, FL 32128**

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARTIN, MARK A
210 CESSNA BLVD SUITE 1
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ERTEL, BENNY
1949 SOUTH CREEK BLVD.
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SIMPSON, PATRICIA A
212 CESSNA BLVD, UNIT A
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000656625
03/14/07-80033-025 50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #