

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 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



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**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 registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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

U00000786956  
01/17/08-80062-018 138.75

**DO NOT WRITE  
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, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/08