

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90038 045 \*\*\*\*50.00

DOCUMENT # L01000003029

1. Entity Name

Mark Martin Realty, LLC



20023656

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

212 Cessna Blvd

Suite, Apt. #, etc.

Unit # 4

City & State

Daytona Beach FL

Zip

32128

Country

USA

3. Mailing Address

212 Cessna Blvd.

Suite, Apt. #, etc.

Unit # 4

City & State

Daytona Beach FL

Zip

32128

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Benny Ertel

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

208 Cessna Blvd.

City

Daytona Beach

FL

Zip Code

32128

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member
NAME	Mark A. Martin
STREET ADDRESS	208 Cessna Blvd.
CITY-ST-ZIP	Daytona Beach, FL 32128
TITLE	Managing Member
NAME	Benny Ertel
STREET ADDRESS	1949 South Creek Blvd.
CITY-ST-ZIP	Daytona Beach, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-25-03

CR2E083B (12/02)