

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003555

1. Entity Name
MERCHANDISING AND MARKETING SOLUTIONS, LLC



Principal Place of Business
**2575 SOUTH OCEAN BOULEVARD, #203
HIGHLAND BEACH, FL 33487**

Mailing Address
**2575 SOUTH OCEAN BOULEVARD, #203
HIGHLAND BEACH, FL 33487**



03112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1090685

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRENNAN, MICHAEL K
2575 SOUTH OCEAN BOULEVARD, #203
HIGHLAND BEACH, FL 33487**

**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**

U000000110961
04/12/04-80105-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRENNAN, MICHAEL K
2575 S OCEAN BLVD #203
HIGHLAND BCH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BASSETTI, KRISTIN
2575 S OCEAN BLVD #203
HIGHLAND BCH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 606, Florida Statutes.

SIGNATURE: Kristin Bassetti 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #