

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90024 021 ****50.00

DOCUMENT # L01000006642

1. Entity Name

ELECTRONIC INFORMATION AND ENTERTAINMENT LLC



Principal Place of Business

**46 BRIDLEGATE DR.
CRAWFORDVILLE FL 32327**

Mailing Address

**46 BRIDLEGATE DR.
CRAWFORDVILLE FL 32327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3714368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTUNG, MARK A
46 BRIDLEGATE DR.
CRAWFORDVILLE FL 32327**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARTUNG, MARK A
46 BRIDLEGATE DRIVE
CRAWFORDVILLE FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEMBER
JONAH SNELLING
22 MAPLE DR.
CRAWFORDVILLE, FL 32327** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARTUNG, CRAIG A
105 MAGNOLIA RIDGE
CRAWFORDVILLE FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
MARCRAE GROUP, LLC
105 MAGNOLIA RIDGE
CRAWFORDVILLE, FL 32327** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARTINDALE, LOC
45 BRIDLEGATE DRIVE
CRAWFORDVILLE FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARTUNG, CHESTER W
105 MAGNOLIA RIDGE
CRAWFORDVILLE FL 32327** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

C. W. Hartung (C.W. HARTUNG)

4/1/05 (850) 926-3072