

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90062 024 \*\*\*\*\*75.00

DOCUMENT # L01000007972

1. Entity Name  
EASTERN MARKETING SPECIALIST, L.L.C.



Principal Place of Business  
3255 SUMMERLAND HILLS CT  
LAKELAND, FL 33813

Mailing Address  
3255 SUMMERLAND HILLS CT  
LAKELAND, FL 33813

44004611



2. Principal Place of Business  
411 Ridge Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
216 Bailey Ridge Dr  
Suite, Apt. #, etc.

09012004 Chg-LLC CR2E083 (10/03)

City & State  
South Daytona FL  
Zip  
32119

City & State  
Morrisville NC  
Zip  
27560

4. FEI Number  
59-3731602  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HODGE, W. DESHON  
3255 SUMMERLAND HILLS CT  
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name  
Amary K Aldrich EA  
Street Address (P.O. Box Number is Not Acceptable)  
411 Ridge Blvd  
City  
South Daytona FL Zip Code  
32119

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  
Amary K Aldrich

(NOTE: Registered Agent signature required when reinstating)

DATE  
9-1-04

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	HODGE, WALLACE D	
STREET ADDRESS	3255 SUMMERLAND HILLS CT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	216 Bailey Ridge Dr	
CITY-ST-ZIP	Morrisville NC 27560	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: W. Deshon Hodge

DATE  
9/1/04

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

Date

Daytime Phone #