

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009288

1. Entity Name  
MARZ DISTRIBUTION, L.C.



Principal Place of Business  
2141 47TH STREET  
SARASOTA, FL 34234

Mailing Address  
2141 47TH STREET  
SARASOTA, FL 34234

FILED

04 AUG -5 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1111229

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BROWN, BRIAN  
2141 47TH STREET  
SARASOTA, FL 34234

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BROWN, BRIAN N  
14520 M&J ROAD  
MYAKKA CITY, FL 34251

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ZALKIN, BRUCE  
1711 RANCH CLUB BLVD  
MYAKKA CITY, FL 32451

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

600040648406  
08/30/04--01093--010 \*\*16.25

**DO NOT WRITE  
IN THIS SPACE**

LLP040002972 \$33.75  
07/15/04 01000 020

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, OR AUTHORIZED REPRESENTATIVE

8/3/04

Date

941-360-0569

Daytime Phone #