

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011690

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: MARK ROBERT FLOM FAMILY L.L.C.

**Current Principal Place of Business:**

4936 ST. CROIX DR.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4936 ST. CROIX DR.  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 59-3733731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDNER, MERRITT A  
401 EAST JACKSON ST., STE. 2650  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: FLOM, EDWARD L  
Address: 4936 ST CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: P ( ) Delete  
Name: FLOM, BEVERLY B  
Address: 4936 ST CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: P ( ) Delete  
Name: FLOM, MARK R  
Address: 171 PINE LAKE DRIVE  
City-St-Zip: ATLANTA, GA 30327

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD LEONARD FLOM

P

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date