

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # L02000007591

1. Entity Name
FULLMARKS, LLC



Principal Place of Business
6224 NORTH NINTH AVENUE
PENSACOLA, FL 32504

Mailing Address
6224 NORTH NINTH AVENUE
PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE



03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0579483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRINGTON, WILLIAM E II
307 SOUTH PALAFOX STREET
PENSACOLA, FL 32501

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JONES, ROY JR.
STREET ADDRESS	697 BROAD ST
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	MGRM
NAME	WASHINGTON, NATLYN
STREET ADDRESS	697 BROAD STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
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	

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03/27/07-80048-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Natlyn Washington*

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

NATLYN WASHINGTON

3-9-07 (850) 418-2274

Date

Daytime Phone #