

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000015063**

1. Entity Name  
**LANDMARK MARSHALL, LLC**



Principal Place of Business  
**1195 SW LIVE OAK COVE  
FT PIERCE, FL 34986**

Mailing Address  
**1195 SW LIVE OAK COVE  
FT PIERCE, FL 34986**



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0717491**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NICHOLSON, ANDREA G  
1195 SW LIVE OAK COVE  
FT PIERCE, FL 34986**

**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]*

(NOTE: Registered Agent signature required when reinstating)

**1/6/06**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**01/11/06-80061-003 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR**  
NAME  
**NICHOLSON, ANDREA G**  
STREET ADDRESS  
**1195 SW LIVE OAK COVE**  
CITY - ST - ZIP  
**FT PIERCE, FL 34986**

TITLE  
**MGR**  
NAME  
**NICHOLSON, HAROLD K**  
STREET ADDRESS  
**1195 SW LIVE OAK COVE**  
CITY - ST - ZIP  
**FT PIERCE, FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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 it 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]*

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

**1/6/06**  
Date

**772-340-0735**  
Daytime Phone #

**Andrea G. Nicholson**