

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000015384

1. Entity Name
USA FLEA MARKET, L.L.C.



Principal Place of Business
**11721 U.S. HIGHWAY 19
PORT RICHEY, FL 34668**

Mailing Address
**11721 U.S. HIGHWAY 19
PORT RICHEY, FL 34668**



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0734168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAMSON, MARK
8756 KIPLING AVE.
HUDSON, FL 34667**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RAM INVESTMENTS, LLC
8756 KIPLING AVE.
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000004358
01/15/04-80009-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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: *Mark*

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

Date

Day/Even Phone #

727
1-9-04 862-3583