

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024249

Entity Name: MARTHA LOSS LLC

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10703 WEEPING ELM BEND  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

14502 N DALE MABRY HWY SUITE 100  
TAMPA, FL 33618

**Current Mailing Address:**

PO BOX 2230  
LAND O LAKES, FL 34639

**New Mailing Address:**

12121 LITTLE RD #213  
HUDSON, FL 34667

FEI Number: 02-0643293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOSS, MARTHA L  
10703 WEEPING ELM BEND  
LAND O LAKES, FL 34638 US

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

LOSS, MARTHA L  
14502 N DALE MABRY HWY SUITE 100  
TAMPA, FL 33618 US

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: MARTHA LOSS

03/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOSS, MARTHA  
Address: 14502 N DALE MABRY HWY SUITE 100  
City-St-Zip: TAMPA, FL 33618

I hereby 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: MARTHA LOSS

MGR

03/14/2011

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