

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024249

Entity Name: MARTHA LOSS LLC

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14502 N DALE MABRY HWY SUITE 100  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

12121 LITTLE RD #213  
HUDSON, FL 34667

**New Mailing Address:**

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  
14502 N DALE MABRY HWY SUITE 100  
TAMPA, FL 33618 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: 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

03/27/2012

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