2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90041 012 ****50.00

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1. Entity Name
MARING COMPANY, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 730 PLANT CITY, FL 33564	P.O. BOX 730 PLANT CITY, FL 33564

24053839

DO NOT WRITE IN THIS SPACE

03232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0665985

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BORCHARD, JOHN
2025 NORTH DOVER RD.
DOVER, FL 33527

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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	MGR
NAME	BORCHARD, JOHN
STREET ADDRESS	2025 N DOVER RD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	MGRM
NAME	BORCHARD, JAMES
STREET ADDRESS	PO BOX 7628
CITY-ST-ZIP	OXNARD, CA 93031
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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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: _____ 3/26/04 813 659 1945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #