2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L02000034737 01-30-2004 90001 027 ****50.00 MARKET MANGEMENT, LLC Mailing Address Principal Place of Business 200 S KNOWLES AVENUE WINTER PARK FL 32789 200 S KNOWLES AVENUE WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E083 (11/03) 4. FEI Number Applied For City & State City & State 73-1628586 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - Robert - Setsman D TEDROW, THOMAS L 200 S KNOWLES AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 Zip Code 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May | 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Change ☐ Addition गा∟€ TITLE TEDROW, THOMAS NAME NAME STREET ADDRESS 200 S KNOWLES AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-2IP ■ Addition ППЕ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NALE: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Octete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 accordate and that my signature shell 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 exempt this report as required by Chapter 608, Florida Statutes.

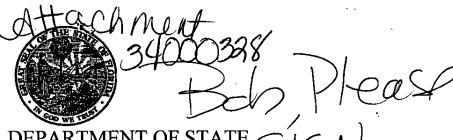
OF RIGHING MANAGING MEMISER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

Feb 11, 2004 8:00 am

407 6222010



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

February 2, 2004

MARKET MANGEMENT, LLC 200 S KNOWLES AVENUE WINTER PARK, FL 32789

Subject: MARKET MANGEMENT, LLC

Réference Number:

L02000034737

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION

46、Constitution 和 2010年1月2日,在我们的自身企业的是**933**

The a party found and to present the the region for this is of

กระบางสาเหนือง การใน หรือสามุสาร์การ์ ของรา