

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000000232

1. Entity Name

MARX INVESTMENT GROUP, LLC



Principal Place of Business

16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042

Mailing Address

16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042



01052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2089107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, RAYMOND DEAN
16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000776605
01/09/08-80032-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALTERS, RAYMOND DEAN
STREET ADDRESS	16823 EAST POINT DRIVE
CITY-ST-ZIP	SUGARLOAF KEY, FL 33042
TITLE	MGR
NAME	WALTERS, SANDRA KAY
STREET ADDRESS	16823 EAST POINT DRIVE
CITY-ST-ZIP	SUGARLOAF KEY, FL 33042
TITLE	MGR
NAME	WEISS, FRANK E
STREET ADDRESS	10925 SE 119TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	WEISS, P. JEANNINE
STREET ADDRESS	10925 SE 119TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

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

Date

Daytime Phone #

RAYMOND DEAN WALTERS 1-5-08 305-745-1409