2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-02-2004 90257 038 ****50.00

DOCUMENT # L03000001403

1. Entity Name

F.A.B. MARKETING, LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
3000 N.E. 30TH PLACE, STE. ~~308~~ FT LAUDERDALE FL 33306	3000 N.E. 30TH PLACE, STE. ~~308~~ FT LAUDERDALE FL 33306

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 311		Suite, Apt. #, etc. 311	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 81-0592150 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SLOTKIN, ROBERT J~~
2101 NORTH ANDREWS AVE., STE. 400
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name FLORENCE BROMLEY
Street Address (P.O. Box Number is Not Acceptable) 3000 N.E. 30th PL. #311
City FT. LAUDERDALE FL Zip Code 33306

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 X Florence Bromley 4/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER ☐ Delete FLORENCE BROMLEY 3000 N.E. 30th PL. STE 311 FT. LAUDERDALE FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Florence Bromley 4/1/04 954-561-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
340034117
L03000001403

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 8[illegible]-0592150

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
F.A.B. Marketing, Limited Liability Company

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Florence Bromley

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3000 N.E. 30th Place, Suite 308

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Fort Lauderdale, FL 33306

5b City, state, and ZIP code

6 County and state where principal business is located
Broward County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Florence Bromley

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ _____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☑ Other (specify) ▶ Limited Liability Company
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State: Florida; Foreign country:

9 Reason for applying (check only one box)

- ☑ Started new business (specify type) ▶ marketing technology
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
January 13, 2003

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ n/a

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☑ Other (specify) Sale and marketing of commercial technol

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Commercial technology sales and marketing

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Tammy Mullins, For the Law Offices of Robert J. Slotkin
Designee's telephone number (include area code): (954) 684-6000
Address and ZIP code: 2101 N. Andrews Avenue, Suite 400, Fort Lauderdale, FL 33311
Designee's fax number (include area code): (954) 684-5405

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code): (954) 691-4244

Name and title (type or print clearly) ▶ Florence Bromley

Applicant's fax number (include area code): (954) 691-3457

Signature ▶ Florence Bromley Date ▶ 1/22/03

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)