


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90020 045 \*\*\*\*50.00

<b>DOCUMENT # L03000001510</b>	
1. Entity Name <b>MICHEL'S &amp; MICHEL'S MARKETING GROUP, LLC</b>	

Principal Place of Business <b>4312 GREANLEAF CIRCLE PANAMA CITY FL 32404</b>	Mailing Address <b>4312 GREANLEAF CIRCLE PANAMA CITY FL 32404</b>
<i>SPELLING ERROR - SPELLING CHANGE</i>	

2. Principal Place of Business <b>4312 GREENLEAF CIRCLE</b>	3. Mailing Address <b>4312 GREENLEAF CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State <b>PANAMA CITY, FL 32404</b>	City & State <b>PANAMA CITY, FL</b>
Zip <b>32404</b>	Country <b>FLA</b>

4. FEI Number <b>43-1991521</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MICHEL'S, RAYMOND J 4312 GREANLEAF CIRCLE PANAMA CITY FL 32404</b> <i>SPELLING ERROR - SPELLING CHANGE</i>
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7. Name and Address of New Registered Agent Name <b>MICHEL'S, RAYMOND J</b> Street Address (P.O. Box Number is Not Acceptable) <b>4312 GREENLEAF CIRCLE</b> City <b>PANAMA CITY, FL</b> Zip Code <b>32404</b>
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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 \_\_\_\_\_ (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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MICHEL'S, RAYMOND J 4312 GREANLEAF CIRCLE PANAMA CITY FL 32404</b> <i>SPELLING ERROR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MICHEL'S, VIRGINIA L 4312 GREANLEAF CIRCLE PANAMA CITY FL 32404</b> <i>SPELLING ERROR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>- 4312 GREENLEAF CIRCLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4312 GREENLEAF CIRCLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    

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:** *Raymond J. Michel* **RAYMOND J. MICHEL** **4/11/05** **850-742-1993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #