


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90229 009 ***138.75

DOCUMENT # L03000002580 1. Entity Name MARTIN 330 LLC			
Principal Place of Business 825 SOUTH US HWY 1 SUITE 100 JUPITER, FL 33477		Mailing Address 825 SOUTH US HWY 1 SUITE 100 JUPITER, FL 33477	
2. Principal Place of Business - No P.O. Box # 438 Savoie Dr		3. Mailing Address 438 Savoie Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Bch bardsens, FL		City & State Palm Bch bardsens, FL	
Zip 33410	Country 	Zip 33410	Country
6. Name and Address of Current Registered Agent LEE, JEFFREY C 825 SOUTH US HWY 1 SUITE 100 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 438 Savoie Dr City Palm Bch bardsens FL Zip Code 33410	
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 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME LEE, JEFFREY STREET ADDRESS 18978 POINT DR. CITY-ST-ZIP JUPITER, FL 33469	TITLE Lee, Jeffrey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 438 Savoie Dr STREET ADDRESS Palm Bch bardsens, FL CITY-ST-ZIP 33410	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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-1-08 Daytime Phone # _____	

60020292



03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2315594 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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