FILED
Sep 20, 2004 8:00 am
Secretary of State
08-25-2004 90042 023 ****50.00

8/25/
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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34010477

07052004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000015834

1. Entity Name
MARILYN SCHOTT, LLC

CORRECT

Principal Place of Business	Mailing Address
2110 TOCOBAGA LANE NOKOMIS, FL 34275	2110 TOCOBAGA LANE NOKOMIS, FL 34275

CORRECT CORRECT

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

4. FEI Number 57-1166368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOTT, MARILYN
2110 TOCOBAGA LANE
NOKOMIS, FL 34275

Correct

7. Name and Address of New Registered Agent

Name MARILYN SCHOTT, LLC
Street Address (P.O. Box Number is Not Acceptable) 2110 TOCOBAGA LANE
City ~~SAR.~~ NOKOMIS FL Zip Code ~~342~~ 34275

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 Marilyn Schott, LLC 09/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARILYN SCHOTT, LLC 2110 TOCOBAGA LANE MGRM NOKOMIS, FL. 34275 MANAGING MEMBER	☐ 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
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: Marilyn L. Schott 8/23/04 941-412-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Marilyn Schott, LLC 9/17/04