

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-08-2004 90193 001 ***165.00

DOCUMENT # L03000026218					
1. Entity Name A R MARKETING SERVICES, LLC					
Principal Place of Business 900 DREW STREET, SUITE 2 CLEARWATER, FL 33755			Mailing Address 900 DREW STREET, SUITE 2 CLEARWATER, FL 33755		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Filing Number 43-1683845	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAACK, JAMES A. 900 DREW STREET, SUITE 2 CLEARWATER, FL 33755				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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: <i>[Signature]</i> MANAGING MEMBER 6-15-04 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	MANAGING MEMBER ☐ Delete BRENDA - ROJAS 900 DREW ST. #2 CLEARWATER FL 33755			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	MANAGING MEMBER ☐ Delete JAMES A. STAACK Same as above			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE				TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE				TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 605, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> 6-15-04				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					