## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 09, 2004 8:00 am Secretary of State

DOCUMENT # L03000030391  1. Entity Name PULLAN MARKETING GROUP, LLC								07-09-2004 90	0091 009 ***	*50.00
Principal Plac 18712 PEPF LUTZ, FL 33	PER PIKE LA		Mailing Address 18712 PEPPER PIKE LANE LUTZ, FL 33558							
<del></del>	NIKK		3. Mailing Address Wikki Lane							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				07062004	Chg-LLC (	CR2E083 (10/0	3)
City & State Tampa FL			City & State Tanpa, FC				4. FEI Num 20	-0157413		Applied For Not Applicable
3342	5	USA	33425	Coun	SA				\$5.00 A	
<del></del>	and Address of Current	Registered Agent	. 7. Name and Address of New Registered Agent Name							
BUSINESS 660 E. JEF TALLAHAS	FERSON		Street Address			ddress (F	(P.O. Box Number is Not Acceptable)			
IALLAHA	SSEE, FL	32301		ı. ·						
	\$7°	å	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. Lam familiar with, and accept the obligations of registered agent.										
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signatu	ure required v	when reinstating)		DATE	
j, saab odubba Fij Due b	ling Fee is by Septer	s \$50.00 nber 8, 2004							heck payable to epartment of St	
9.	MGRM	MANAGING MEMBE		10.				ADDITIONS/CH.		. D Addition
NAME STREET ADDRESS CITY-ST-ZIP	PULLAN, 18712 PE	ROBERT E	□ Delete	1	1		· <del>=</del> ·	kki lane	Chang	ge
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CITY-ST-ZIP	LUTZ, FL	33558		CITY	'-ST-ZIP .	jar	npa		Chang	e Addition
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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 to the receiver or true tee empowered to execute this report as required by Chapter 608, Florida Statutes.										
		My P		7.	4.04	4		813-748-	6483	
SIGNAT	URE: _	AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MA				IT ATIVE	Date	Daytime Phone	*