

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 043 ****50.00

DOCUMENT # L03000030603

1. Entity Name
SAN MARINO, MI, LLC



Principal Place of Business
**3415 SHADY RUN RD.
MELBOURNE, FL 32934 US**

Mailing Address
**3415 SHADY LANE RD.
MELBOURNE, FL 32934 US**

6000100

2. Principal Place of Business - No P.O. Box #

3972 W Eau Gallie Blvd

Suite, Apt. #, etc.
Suite A

City & State
Melbourne, FL

Zip
32934

Country
US

3. Mailing Address

3972 W Eau Gallie Blvd

Suite, Apt. #, etc.
Suite A

City & State
Melbourne, FL

Zip
32934

Country
US

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0850781

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELSH, KEN R
3415 SHADY LANE RD.
MELBOURNE, FL 32934**

7. Name and Address of New Registered Agent

Name

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

3415 Shady Run Road

City
Melbourne

FL **32934**

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

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THERIAC, III, JAMES S
96 WILLARD ST., STE 302
COCOA, FL 32922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WELSH, KEN R
3415 SHADY LANE RD.
MELBOURNE, FL 32934** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMARI, RICHARD S
490 SAIL LN, UNIT 401B
MERRITT ISLAND, FL 32953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3415 Shady Run Road ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ken R. Welsh

321-508-9431