

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90022 040 \*\*\*\*50.00

<b>DOCUMENT # L03000049095</b>																													
<b>1. Entity Name</b> MARVIN REPAIRS LLC																													
<b>Principal Place of Business</b> 6066 CRAYFISH DRIVE ORLANDO, FL 32822			<b>Mailing Address</b> 6066 CRAYFISH DRIVE ORLANDO, FL 32822																										
<b>2. Principal Place of Business</b> 4750 HOPESPRING DR Suite, Apt. #, etc.			<b>3. Mailing Address</b> 4750 HOPESPRING DR Suite, Apt. #, etc.																										
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		<b>4. FEI Number</b> 90-0124773																									
<b>Zip</b> 32829-8641		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> LILLY, MARVIN A 6066 CRAYFISH DRIVE ORLANDO, FL 32822			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4750 HOPESPRING DRIVE City ORLANDO FL Zip Code 32829-8641																										
<b>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.</b> SIGNATURE <u>Marvin Lilly</u> (NOTE: Registered Agent signature required when reinstating) DATE _____																													
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Applied For Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 4750 HOPESPRING DRIVE  
 City ORLANDO FL Zip Code 32829-8641

**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 Marvin Lilly (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005** **Make check payable to Florida Department of State**

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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Marvin Lilly  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #