

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # L03000049095

1. Entity Name

MARVIN REPAIRS LLC



Principal Place of Business

4750 HOPESPRING DR
ORLANDO, FL 32829-8641

Mailing Address

4750 HOPESPRING DR
ORLANDO, FL 32829-8641



08062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0124773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LILLY, MARVIN A
4750 HOPESPRING DRIVE
ORLANDO, FL 32829-8641

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LILLY, MARVIN A
4750 HOPESPRING DRIVE
ORLANDO, FL 328298641

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08/08/07-20008-010 50.00

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IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

8/6/07

Date

Daytime Phone #

407-325-0337