

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056034

Entity Name: MARK INMAN, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

1615 26TH ST.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1615 26TH ST.
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 05-0564211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INMAN, MARK A
1615 26TH ST.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: ALESSIO, JOE A
Address: 330 LIVE OAK ST
City-St-Zip: FREEPORT, FL 32578

Title: S () Delete
Name: ALESSIO, JOE A
Address: 330 LIVE OAK ST.
City-St-Zip: FREEPORT, FL 32439

Title: MGRM (X) Delete
Name: RIZNORE, KENNETH C
Address: 330 LIVE OAK ST
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLEMING, JOHN M MGR
Address: 1615 26 TH STREET
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Change () Addition
Name: RITZNORE, KENNETH C MGRM
Address: 330 LIVE OAK ST.
City-St-Zip: FREEPORT, FL 32439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN M. FLEMING

MGR

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date