


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90044 042 ***138.75

DOCUMENT # L04000008808 1. Entity Name PAMELA A. MARK, LLC					
Principal Place of Business 1040 BAYVIEW DRIVE, SUITE 521 FORT LAUDERDALE, FL 33304 US			Mailing Address 3300 N PORT ROYALE DR 433 FORT LAUDERDALE, FL 33308 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5 Hathaway Lane Suite, Apt. #, etc.			
City & State 		City & State Wilton Manors, FL		4. FEI Number 20-0681920	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK, PAMELA A 3300 N PORT ROYALE DR 443 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Mark, Pamela A. Street Address (P.O. Box Number is Not Acceptable) 5 Hathaway Lane City Wilton Manors FL Zip Code 33305		
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 <u>Pamela A. Mark</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/28/08</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARK, PAMELA A 3300 N PORT ROYALE DR #443 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5 Hathaway Lane Wilton Manors, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Pamela A. Mark, Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/28/08</u> (954) 732-1133 <small>Date Daytime Phone #</small>		