2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						The state of the s				
DOCUMENT # L0400009766						F. E. E.				
1. Entity Nam MARVIN		SERVICE LLC				07 JUL 11 PM 3: 36				
District Bloom of District					90 TIP	_		l.i u.i IASSEE, I	i hat Tinet	L DA
Principal Place of Business 14083 88TH PLACE NORTH LOXAHATCHEE, FL 33470 US			Mailing Address C/O ELNORA MITCHELL 1401 WASHINGTON AVENUE/PO BOX 8317 DELRAY BEACH, FL 33482					I) 45 14 56 15 (5 14)	als alles ou	86) 14 1881
`,		ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06072007	Chg-LLC	CR2E083	(12/06)	-
City & State			City & State			4. FEI Numb 20-044			-	plied For t Applicable
Zip -		Country	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current R				7. Name and Address of New Registered Agent				
MITCHELL, ELNORA C					Name					
1401 WASHINGTON AVENUE DELRAY BEACH, FL 33444					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	9
	named entitions of regis	y submits this statement for tered agent.	the purpose of changing its	register	d office or register	red agent, or bo	th, in the State of Fig	1	iliar with,	and accept
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State			•		
9. MANAGING MEMBER			S/MANAGERS	1		ADDITIONS /	CHANGES			
TITLE NAME	MGR	/S, MARVIN L	☐ Delete	E			_	Change	Addition at	
STREET ADORESS CITY-ST-ZIP	14083 88	TH PLACE NORTH TCHEE, FL 33470		EET ADDRESS - ST- ZIP	07	40010 71670701	602009		72.50	
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CITY-ST-ZIP TITLE			☐ Delete	CITY	r-ST-ZIP E] Change	Addition
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE NAME			☐ Delete	TITL] Change	Addition
STREET ADDRESS				STRE	EET ADDRESS					
CITY-ST-ZIP	entify that th	ne information supplied with t	this filing does not qualify for	<u> I</u>	(-ST-ZIP	in Chanter 110	Florida Statutos 15	uther certify the	at the info	rmation
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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: SIGNATURE AND TYPED OF DESIGNING MANAGING MEMBER DR AITHINDIVED DEEDESENTATIVE DIE DECEMBER DE DESIGNATURE DE DECEMBER DE DE DECEMBER DE DE DECEMBER DE DECEMBER DE DE DECEMBER DE DE DECEMBER DE DECEMBER DE DECEM										
SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING MANAGING WENGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daytime Phone #										

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