


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90072 041 \*\*\*138.75

DOCUMENT # L04000011402					
<b>1. Entity Name</b> MARCAN GROUP, LLC					
<b>Principal Place of Business</b> 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713			<b>Mailing Address</b> 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713		
<b>2. Principal Place of Business - No P.O. Box #</b> 341 3rd Street S.		<b>3. Mailing Address</b> 341 3rd Street S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> St. Petersburg, FL		<b>City &amp; State</b> St. Petersburg, FL		<b>4. FEI Number</b> 20-0792512	
<b>Zip</b> 33701		<b>Country</b> U.S.A.		<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> VILLARI, JOSEPH 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713			<b>7. Name and Address of New Registered Agent</b> Name: Villari, Joseph Street Address (P.O. Box Number is Not Acceptable): 341 3rd Street S. City: St. Petersburg FL Zip Code: 33701		
<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		(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. <i>Joseph Villari</i> 1/25/08 DATE			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLARI, JOSEPH 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Villari, Joseph 341 3rd Street S. St. Petersburg, FL 33701	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARI, MARCO 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Villari, marco 341 3rd Street S. St. Petersburg, FL 33701	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:		<i>Joseph Villari</i> 1/25/08 727-822-0038			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	