



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
May 30, 2008 8:00 am
Secretary of State

05-05-2008 90026 042 ****50.00
 05-30-2008 90018 020 ****93.75

DOCUMENT # L04000022161					
1. Entity Name MARRERO & ASSOCIATES, LLC					
Principal Place of Business 1418 AUTUMN DRIVE TAMPA, FL 33613 US			Mailing Address 1418 AUTUMN DRIVE TAMPA, FL 33613 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1999491	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONTAXGONZALEZ SERVICE CORP 4142 W OAKRIDGE ROAD, SUITE 102 ORLANDO, FL 32809			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARRERO, FERMIN 1418 AUTUMN DR TAMPA, FL 33613	<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	
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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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	
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: 				Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

50006423



05022008 Chg-LLC CR2E083 (12/06)



ATTACHMENT

50006423

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2008

MARRERO & ASSOCIATES, LLC
1418 AUTUMN DRIVE
TAMPA, FL 33613 US

Subject: MARRERO & ASSOCIATES, LLC

Reference Number: **L04000022161**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed limited liability company annual report is \$138.75. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$88.75.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314