2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000026231

1. Entity Name
MARK ELLINGSEN, LLC

Principal Place of Business	Mailing Address
1020 HAWKEYE TRAIL TALLAHASSEE, FL 32317	1020 HAWKEYE TRAIL TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2625295	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLINGSEN, MARK
1020 HAWKEYE TRAIL
TALLAHASSEE, FL 32317

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000637212
02/26/07-80049-024 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ELLINGSEN, MARK
STREET ADDRESS	1020 HAWKEYE TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   MARK ELLINGSEN   1/11/07   850-509-9392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #