

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90084 015 ****50.00

DOCUMENT # L04000026510

1. Entity Name

THE MARY A, LLC



Principal Place of Business

226 NORTH DUVAL STREET
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 13633
TALLAHASSEE FL 32317-3633



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

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1239925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

WM. SCOTT LINDSEY

Street Address (P.O. Box Number is Not Acceptable)

1882 CAPITAL CIRCLE NE SUITE #106

City

TALLAHASSEE

FL

Zip Code

32308

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete

NAME
RUDNICK, JAMES M
STREET ADDRESS
226 NORTH DUVAL STREET
CITY-ST-ZIP
TALLAHASSEE FL 32301

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

JAMES M. RUDNICK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/07

Date

850-671-1999

Daytime Phone #