2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# L04000040409

Entity Name: MARZ WHOLESALERS, LLC

Current Principal Place of Business:

1947 MADEIRA DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1947 MADEIRA DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-1213118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, RUTHY M
1947 MADEIRA DRIVE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	STROCK, SARAH	
Address:	1947 MADEIRA DRIVE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	RODRIGUEZ, CLAUDETTE	
Address:	1947 MADEIRA DRIVE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	PEREZ, RUTHY	
Address:	1947 MADEIRA DRIVE	
City-St-Zip:	WESTON, FL 33327	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUTHY PEREZ MB 07/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date