

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 007 \*\*\*\*50.00

**DOCUMENT # L04000043918**

1. Entity Name  
**METLIN MARKETING COMPANY, LLC**



Principal Place of Business  
6691 NOB HILL RD  
FORT LAUDERDALE, FL 33321 US

Mailing Address  
6691 NOB HILL RD  
FORT LAUDERDALE, FL 33321 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tamarac, FL**

City & State

**Tamarac, FL**

Zip

**33321**

Country

**US**

Zip

**33321**

Country

**US**

01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-1528436**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARLINSKY, FRED ESQ**  
**100 SE 3RD AVE**  
**23RD FL**  
**FORT LAUDERDALE, FL 33394**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MGR**  
**SCATURRO, JOSEPH**  
**6691 NOB HIL RD**  
**TAMARAC, FL 33321**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

*Joseph Scaturro*

**Joseph Scaturro, mgr** 3/11/07 954-623-6700

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

Date

Daytime Phone #