

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90035 003 ****50.00

DOCUMENT # L04000071967

1. Entity Name
FLORA-MARLIN, LLC



Principal Place of Business
4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

Mailing Address
4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652



03302006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
27-0108957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSTARD, JUDY M *2189 Cleveland St., Suite 109C*
1700 N. MCMULLEN BOOTH ROAD, SUITE D-1
CLEARWATER, FL 33759 *33765*

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SULLENS, NANCY J
4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KYLE, DAVID G
5347 QUIST DRIVE
PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TARANTINO, NANCY
3759 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SULLENS, ROBERT J
4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KYLE, RITA L
5347 QUIST DRIVE
PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TORRES, ROBERT
4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

**DO NOT WRITE
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:

Nancy J. Sullens
Nancy J. Sullens

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

April 2, 2006

Date

Daytime Phone #