

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**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



04112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 STE 104C  
CLEARWATER, FL 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

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

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

U000000712205  
04/26/07-80037-015 50.00

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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:**

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

Date

Daytime Phone #