

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071967

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORA-MARLIN, LLC

Current Principal Place of Business:

4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4007 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 27-0108957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTARD, JUDY M
2189 CLEVELAND ST STE 104C
CLEARWATER, FL 33765 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: SULLENS, NANCY J
Address: 4007 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: KYLE, DAVID G
Address: 4678 MARINE PKWY 207
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: TARANTINO, NANCY
Address: 3759 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: SULLENS, ROBERT J
Address: 4007 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: KYLE, RITA L
Address: 4678 MARINE PKWY 207
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: TORRES, ROBERT
Address: 4007 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: NANCY J. SULLENS

MGR

04/23/2009

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