2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000077664

1. Entity Name MARCIA'S LLC



Principal Place of Business

136 LOWELL ROAD WINTER HAVEN, FL 33884

HS

Mailing Address

136 LOWELL ROAD

WINTER HAVEN, FL 33884

US

FILED Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90012 050 ****50.00

20027701



03302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2216504

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, MARCIA 136 LOWELL ROAD WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

ø.	i. 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. If 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	MGRM	
NAME	LANG, MARCIA	
STREET ADDRESS	136 LOWELL ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the e- indicated on this report is true and accurate and that my signature shall have the sa		

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:

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

Date 4/5/06

Daytime Phone #