

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/2 **FILED**
Sep 12, 2008 8:00 am
Secretary of State
07-28-2008 90075 019 ***138.75

DOCUMENT # L05000032107 1. Entity Name MARK PHILIP WALKER, LLC					
Principal Place of Business 13 SEEDLING DR SAFETY HARBOR, FL 34695			Mailing Address 13 SEEDLING DR SAFETY HARBOR, FL 34695		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1245608	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALKER, MARK P 13 SEEDLING DR SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name Mark Philip Walker Street Address (P.O. Box Number is Not Acceptable) 2915 Sweetgum Way City Clearwater FL Zip Code 33761	
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 <u><i>Mark Walker</i></u> DATE <u>7/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, MARK 13 SEEDLING DR SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Mark Walker 2915 Sweetgum Way Clearwater, FL 33761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Mark Walker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

ATTACHMENT

30011302
#L05000632104

Entity no longer
serving as own registered
agent.



ATTACHMENT

30011302

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2008

MARK PHILIP WALKER, LLC
13 SEEDLING DR
SAFETY HARBOR, FL 34695

Subject: MARK PHILIP WALKER, LLC

Reference Number: L05000032107

Master Collision & Repair
1612 E Bush Blvd.
Tampa FL
33612

33612

813-933-7611

Tom Johnson

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the limited liability company annual report is \$138.75 plus \$400.00 late fee for a total of \$538.75. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$400.00.

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

ONE
WEEK
FROM
TODAY
8/31/08

(SUNDAY)