

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-23-2008 90127 011 ***138.75

DOCUMENT # L05000038266	
1. Entity Name MARTELL PROPERTIES, LLC	

Principal Place of Business 314 RINGLING POINTE DRIVE SARASOTA, FL 34234 US	Mailing Address 314 RINGLING POINTE DRIVE SARASOTA, FL 34234 US
---	---

30008490



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

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2701741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMIE A. EBLING, P.A.
1915 MANATEE AVENUE WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name **Dawn Martell**
Street Address (B.O. Box Number, if Applicable) **314 Ringling Pt. Dr.**
Sarasota
City **FL** Zip Code **34234**

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 **Dawn Martell** DATE **4/18/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTELL, DAWN 314 RINGLING POINTE DRIVE SARASOTA, FL 34234 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit

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: **Dawn Martell** **4/18/08** **941-351-0751**