

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000050597

1. Entity Name
MARLIN PARTNERS LLC



Principal Place of Business
**105 W 12TH ST
PANAMA CITY, FL 32401**

Mailing Address
**105 W 12TH ST
PANAMA CITY, FL 32401**



04132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4381353

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCAPEROTTA, JOSEPH V
105 W 12 ST
PANAMA CITY, FL 32401**

**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)

000000900301

04/29/08-80423-011 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCAPEROTTA, JOSEPH V
105 W 12TH ST
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SOWELL, JERRY F JR
105 W 12TH ST
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ASHBROOK, JOSEPH A
105 W 12TH ST
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Day/mo Phone #