

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000063178

1. Entity Name
MARS LLC



Principal Place of Business
**994 WATERFORD POINT DR
PORT ORANGE, FL 32127**

Mailing Address
**994 WATERFORD POINT DR
PORT ORANGE, FL 32127**



02152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2084195

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEMAIDAN, AMMAR
994 WATERFORD POINT DR
PORT ORANGE, FL 32127**

**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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HEMAIDAN, AMMAR
994 WATERFORD POINT DR
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KORAKLI, MONA
994 WATERFORD POINT DR
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SULEIMAN, SAUD
827 CLEAR LAKE DR
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MURAD, ROULANA
827 CLEAR LAKE DR
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SOLOMON, GEORGE
1171 N. HALIFAX
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SOLOMON, RASHA
1171 N. HALIFAX
DAYTONA BEACH, FL 32118**

U00000724880
05/02/07-80128-021 50.00

**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

Daytime Phone #

4/19/07 (386) 271-2273