

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078979

Entity Name: MARCETA LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

23300 FT CHRISTMAS RD  
CHRISTMAS, FL 32709

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10  
CHRISTMAS, FL 32709

**New Mailing Address:**

FEI Number: 20-4783014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TUCKER, CECIL A II  
23300 FT CHRISTMAS RD  
CHRISTMAS, FL 32709 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TUCKER, CECIL A II  
Address: 23300 FT CHRISTMAS RD  
City-St-Zip: ORLANDO, FL 32709

Title: MGR ( ) Delete  
Name: TUCKER, MARGARET  
Address: 23300 FT CHRISTMAS RD  
City-St-Zip: CHRISTMAS, FL 32709

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TUCKER, CECIL A II  
Address: 23300 FT CHRISTMAS RD  
City-St-Zip: ORLANDO, FL 32709

Title: MGRM (X) Change ( ) Addition  
Name: TUCKER, MARGARET  
Address: 23300 FT CHRISTMAS RD  
City-St-Zip: CHRISTMAS, FL 32709

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CECIL A TUCKER II

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date