

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90163 015 \*\*\*138.75

DOCUMENT # L05000091763

1. Entity Name  
LANDMARK ENTERPRISES, LLC



Principal Place of Business Mailing Address  
~~8211 W. BROWARD BLVD., STE 120~~ ~~8211 W. BROWARD BLVD., STE 120~~  
~~PLANTATION, FL 33324~~ ~~PLANTATION, FL 33324~~

**50003936**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
201 N. University Drive 201 N. University Drive  
Suite 103A Suite 103A  
Plantation FL 33324 Plantation FL 33324

03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3827485 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MADIO, RUSS  
~~8211 W. BROWARD BLVD., STE 120~~  
~~PLANTATION, FL 33324~~

7. Name and Address of New Registered Agent

Name  
201 N. University Drive e)  
Suite 103A  
Plantation FL 33324 FL Zip Code

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

**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

TITLE MGRM ☐ Delete  
NAME MADIO, RUSS  
STREET ADDRESS ~~8211 W. BROWARD BLVD., STE 120~~  
CITY-ST-ZIP ~~PLANTATION, FL 33324~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE 201 N. University Drive ☒ Change ☐ Addition  
NAME Suite 103A  
STREET ADDRESS  
CITY-ST-ZIP Plantation FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/08 954-475-0201

Date Daytime Phone #