2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

Mar 31, 2008 08:00 Al **DOCUMENT # L05000105912 Secretary of State** 1. Entity Name MARVIN BERGMAN LLC Principal Place of Business Mailing Address 516 E. CHURCH AVE 516 E. CHURCH AVE LONGWOOD, FL 32750 LONGWOOD, FL 32750 03242008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1741258 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERGMAN, MARVIN DO NOT WRITE 516 E. CHURCH AVE LONGWOOD, FL 32750 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) <u> Մոորոոց</u>ենն 04/10/08-80099-010 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MLE MGR BERGMAN, MARVIN NAME STREET ADDRESS **516 E CHURCH AVE** CITY-ST-ZIP LONGWOOD, FL 32750 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

3/25/08 321-303-7948

FILED