

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000106664

1. Entity Name
6681 NW 17TH AVE. DMKT, LLC



Principal Place of Business
7659 HEATHFIELD COURT
UNIVERSITY PARK, FL 34201

Mailing Address
7659 HEATHFIELD COURT
UNIVERSITY PARK, FL 34201

DO NOT WRITE IN THIS SPACE



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3643363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARLEN, ROBERT M
110 EAST ATLANTIC AVE., SUITE 330
DELRAY BEACH, FL 33444

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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)

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

03/26/08-80095-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DENTONO, MARNA
7659 HEATHFIELD COURT
UNIVERSITY PARK, FL 34201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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: Marna Dentono Mgr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/08 (941) 351-3702
Date Daytime Phone #