

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000113402**

1. Entity Name  
**INVESTMENT MARKETING LLC**



Principal Place of Business

**2611 BAYSHORE BLVD.  
701  
TAMPA, FL 33629**

Mailing Address

**2611 BAYSHORE BLVD.  
701  
TAMPA, FL 33629**



01262008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3840193**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OWENS, MICKEY  
2611 BAYSHORE BLVD.  
701  
TAMPA, FL 33629**

**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 Mickey Owens

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-08

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

000000807233  
02/06/08-80072-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME OWENS, ALYCE M  
STREET ADDRESS 2611 BAYSHORE BLVD SUITE 701  
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGR  
NAME OWENS, KARIS E  
STREET ADDRESS 2611 BAYSHORE BLVD SUITE 701  
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGR  
NAME BOYKIN, SHIRLEY L  
STREET ADDRESS 2611 BAYSHORE BLVD SUITE 701  
CITY-ST-ZIP TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Shirley Boykin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/08 813-545-8393  
Date Daytime Phone #