

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002148

Entity Name: O.G. MARKETING LLC

FILED  
Jan 14, 2008  
Secretary of State

**Current Principal Place of Business:**

2640 N 26TH TERRACE  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

2640 N 26TH TERRACE  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

FEI Number: 20-4063044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOLDMAN, AVIAD  
229 SE 4TH TERRACE  
DANIA, FL 33004 US

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

GOLDMAN, AVIAD  
2640 N 26TH TERRACE  
HOLLYWOOD, FL 33020 US

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: AVIAD GOLDMAN

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOLDMAN, AVIAD  
Address: 229 SE 4TH TERRACE  
City-St-Zip: DANIA, FL 33004 US

Title: MGR ( ) Delete  
Name: SHLOMOWITZ, OMER  
Address: 229 SE 4TH TERRACE  
City-St-Zip: DANIA, FL 33004 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOLDMAN, AVIAD  
Address: 2640 N 26TH TER  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGR (X) Change ( ) Addition  
Name: SHLOMOWITZ, OMER  
Address: 2640 N 26TH TER  
City-St-Zip: HOLLYWOOD, FL 33020 US

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: AVIAD GOLDMAN

MGRM

01/14/2008

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