

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058318

1. Entity Name
MEGAMAR, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -6 AM 8:29

Principal Place of Business
4318 W. SAN JUAN STREET
TAMPA, FL 33629 US

Mailing Address
P. O. BOX 21815
TAMPA, FL 33622 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

09172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 20-5259050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCCULLOCH, MICHAEL G
4318 W. SAN JUAN STREET
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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]* 2008 Nov 03
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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCULLOCH, MICHAEL 4318 W. SAN JUAN STREET TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200136159662 09/19/08--01046--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **143.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCULLOCH, MARIANN H 4318 W. SAN JUAN STREET TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* Michael McCulloch 2008 Nov 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mr. 318