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FILED L06000102180

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 PM 3:19

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000102180

1. Entity Name

SALES & MARKETING, LLC

Principal Place of Business

2873 W 15TH STREET EAST
JACKSONVILLE FL 32254

Mailing Address

2873 W 15TH STREET EAST
JACKSONVILLE FL 32254

1st MOORE CR2E063 (10/06)

2. Principal Place of Business - No P.O. Box #: 3196 Litchfield Dr
Suite, Apt. #, etc.:
City & State: Orange Park, Fl
Zip: 32065 County: Clay

3. Mailing Address: 3196 Litchfield Dr
Suite, Apt. #, etc.:
City & State: Orange Park Fl
Zip: 32065 County: Clay

4. FEI Number: Applied For / Not Applicable [X]

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GENERAL BUSINESS SERVICES
12412 SAN JOSE BLVD
SUITE 101
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: Sales & Marketing, LLC
Street Address (P.O. Box Number is Not Acceptable): 3196 Litchfield Dr
City: Orange Park, FL Zip Code: 32065

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] DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM LEWIS, RALPH 5536 KEN ROAD JACKSONVILLE FL 32244	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM HUDSON, JAMES D 5536 KEN ROAD JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM Sales Marketing, LLC 3196 Litchfield Drive Orange Park, Fl 32065	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 5/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — Daytime Phone #

BLT