

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104277

Entity Name: MARKELLE ARABIANS, LLC

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

610 E JOHNS AVENUE  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

342 S CLAYTON ST  
MOUNT DORA, FL 32757

**Current Mailing Address:**

610 E JOHNS AVENUE  
MOUNT DORA, FL 32757

**New Mailing Address:**

342 S CLAYTON ST  
MOUNT DORA, FL 32757

FEI Number: 20-5783169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WADE, MICHAEL  
610 E JOHNS AVENUE  
MOUNT DORA, FL 32757 US

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

WADE, MICHAEL  
2468 NW 6TH AVENUE  
FORT LAUDERDALE, FL 33311 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:

05/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WADE, MICHAEL  
Address: PO BOX 4490  
City-St-Zip: FT. LAUDERDALE, FL 33338

Title: MGRM  
Name: DESMARTEAU, JOEL  
Address: 342 S CLAYTON ST  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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: MICHAEL WADE

MGRM

05/31/2011

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