

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112719

Entity Name: MARTIN ENTERPRISES, LLC

FILED
Jul 01, 2009
Secretary of State

Current Principal Place of Business:

2254 HWY 83 N
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 729
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 20-5921510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, GARY L
418 JOE ANDERSON ROAD
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

MARTIN, GARY L
149 LAKE HOLLEY CIRCLE
DEFUNIAK SPRINGS, FL 32433 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: GARY L. MARTIN

07/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARTIN, GARY L
Address: 418 JOE ANDERSON RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGRM () Delete
Name: MARTIN, WILLIAM A
Address: P O BOX 43
City-St-Zip: MOSSYHEAD, FL 32434 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTIN, GARY L
Address: 149 LAKE HOLLEY CIRCLE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY L. MARTIN

MGRM

07/01/2009

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