2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State
05-28-2008 90138 022 ***138.75

DOCUMENT # L07000007740

1. Entity Name
MRM RENTALS, LLC

50006029

Principal Place of Business	Mailing Address
806 PYRAMID DRIVE TEMPLE TERRACE, FL 33617	~~C/O DRUMMOND WEHLE & ROSS LLP~~ ~~328 WEST BEARSS AVENUE~~ ~~TAMPA, FL 33613~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o Temple H. Drummond, Esq.
Suite, Apt. #, etc	Suite, Apt. #, etc 6987 East Fowler Avenue
City & State	City & State Tampa, Florida
Zip / Country	Zip 33617 Country USA

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DRUMMOND, TEMPLE~~ ~~DRUMMOND WEHLE & ROSS LLP~~ ~~328 WEST BEARSS AVENUE~~ ~~TAMPA, FL 33613~~	Name Temple H. Drummond, Esq. Street Address (P.O. Box Number is Not Acceptable) Drummond Wehle & Ross LLP 6987 East Fowler Avenue City Tampa FL Zip Code 33617

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 Temple H. Drummond, Temple H. Drummond, Esq. 4/15/2008
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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE Manager NAME Edward S. Schroering, Jr. STREET ADDRESS 806 Pyramid Drive CITY-ST-ZIP Temple Terrace, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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] 4/26/08 813 984 8474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #