

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90016 047 ***138.75

DOCUMENT # L07000021094

1. Entity Name
MARS, LLC



Principal Place of Business
1322 N CASTLELAND TERRACE
LECANTO, FL 34461 US

Mailing Address
1322 N CASTLELAND TERRACE
LECANTO, FL 34461 US

2. Principal Place of Business - No P.O. Box #

1959 N. Iron Point Rd

3. Mailing Address

1959 N. Iron Point Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River FL

City & State

Crystal River FL

Zip

34429

Country

USA

Zip

34429

Country

USA

02162008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8511385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name

Christopher M. Sacco

Street Address (P.O. Box Number is Not Acceptable)

4721 W. Bayshore Blvd Suite 1000

Corporate Center Three at International Plaza

City

Tampa

FL

Zip Code

33607

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, 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

TITLE MGRM
NAME PAINTER, JOSEPH
STREET ADDRESS 1322 N CASTLELAND TERRACE
CITY-ST-ZIP LECANTO, FL 34461 ☐ Delete

TITLE MGRM
NAME PAINTER, CARISSA
STREET ADDRESS 1322 N CASTLELAND TERRACE
CITY-ST-ZIP LECANTO, FL 34461 ☐ Delete

TITLE MGRM
NAME FIRMAN, TROY
STREET ADDRESS 362 N BRIGHTON ROAD
CITY-ST-ZIP LECANTO, FL 34461 ☐ Delete

TITLE MGRM
NAME FIRMAN, CHERIE
STREET ADDRESS 362 N BRIGHTON ROAD
CITY-ST-ZIP LECANTO, FL 34461 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Carissa J. Painter

Carissa J. Painter

3/7/08

352 343 0934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #