


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 Mailing Address

1322 N CASTLELAND TERRACE 1322 N CASTLELAND TERRACE
 LECANTO, FL 34461 US LECANTO, FL 34461 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1959 N. Iron Point Rd **1959 N. Iron Point Rd**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Crystal River FL **Crystal River FL**

Zip Country Zip Country

34429 USA **34429 USA**



02162008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-8511385 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 State Zip Code

Tampa FL 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 _____ (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	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, JOSEPH		NAME		
STREET ADDRESS	1322 N CASTLELAND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, CARISSA		NAME		
STREET ADDRESS	1322 N CASTLELAND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRMAN, TROY		NAME		
STREET ADDRESS	362 N BRIGHTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRMAN, CHERIE		NAME		
STREET ADDRESS	362 N BRIGHTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 #