2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021094

Current Principal Place of Business:

Entity Name: MARS, LLC

FILED Apr 28, 2009 Secretary of State

Date

1959 N IRON POINT RD CRYSTAL RIVER, FL 34429 US **Current Mailing Address: New Mailing Address:** 1959 N IRON POINT RD CRYSTAL RIVER, FL 34429 US FEI Number: 20-8511385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTIZ, GEORGE 1515 É SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470 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.

New Principal Place of Business:

MANAGING MEMBERS/MANAGERS:

SIGNATURE:

S: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition
Name: PAINTER, JOSEPH Name:
Address: 1322 N. CASTI ELAND TERRACE

Address: 1322 N CASTLELAND TERRACE Address: City-St-Zip: LECANTO, FL 34461 US City-St-Zip:

Electronic Signature of Registered Agent

Title: MGRM () Delete Title: () Change () Addition

Name:PAINTER, CARISSAName:Address:1322 N CASTLELAND TERRACEAddress:City-St-Zip:LECANTO, FL 34461 USCity-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FIRMAN, TROY
 Name:

 Address:
 362 N BRIGHTON ROAD
 Address:

 City-St-Zip:
 LECANTO, FL 34461 US
 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: JOSEPH PAINTER PRES 04/28/2009