

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90086 010 \*\*\*138.75

60017541



03242008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000031168</b> 1. Entity Name <b>MARS TALENT AGENCY, LLC</b>					
Principal Place of Business <b>18406 SE LAKESIDE DR.</b> <b>TEQUESTA, FL 33469 US</b>			Mailing Address <b>18406 SE LAKESIDE DR.</b> <b>TEQUESTA, FL 33469 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8697369</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC.</b> <b>13302 WINDING OAKS BLVD</b> <b>SUITE A-100</b> <b>TAMPA, FL 33612-3425</b>				7. Name and Address of New Registered Agent Name <b>Dena Rhys - MarsTalentAgency, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>18406 SE LAKESIDE DRIVE</b> <b>Tequesta</b> City <b>FL</b> Zip Code <b>33469</b>	
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 <u>Dena Rhys MarsTalentAgency, LLC</u> <u>3/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small> DATE					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RHYS, DENA</b> <input type="checkbox"/> Delete <b>18406 SE LAKESIDE DR.</b> <b>TEQUESTA, FL 33469</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>KAY, WENDY</b> <input type="checkbox"/> Delete <b>18406 SE LAKESIDE DR.</b> <b>TEQUESTA, FL 33469</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Dena Rhys</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/24/08</b> <b>561 748-3448</b> <small>Date Daytime Phone #</small>		