

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/28/2008-90074-002-\$138.75-\$138.75

DOCUMENT # L07000061762

1. Entity Name
MARKS MULTIMEDIA, L.L.C.



FILED

08 OCT -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
140 S DIXIE HIGHWAY, STE 903
HOLLYWOOD, FL 33020

Mailing Address
140 S DIXIE HIGHWAY, STE 903
HOLLYWOOD, FL 33020

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

07232008 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

KAPLAN, JASON
940 LINCOLN ROAD, SUITE 226
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name JASON KAPLAN
Street Address (P.O. Box Number is Not Acceptable)
130 3rd St #207
MIAMI BEACH
City MIAMI BEACH FL Zip Code 33139

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME KAPLAN, JASON ☐ Delete
STREET ADDRESS 1528 BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME JASON KAPLAN ☐ Change ☐ Addition
STREET ADDRESS 130 3rd St, #207
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE MGRM
NAME MARKS, ROBERT ☐ Delete
STREET ADDRESS 910 WEST AVENUE, APT. 1022
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME ROBERT MARKS ☐ Change ☐ Addition
STREET ADDRESS 140 S DIXIE HWY, #903
CITY-ST-ZIP HOLLYWOOD, FL 33020

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #