
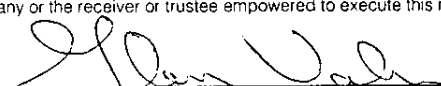


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90055 044 \*\*\*143.75

<b>DOCUMENT # L07000083458</b> 1. Entity Name <b>MAIN STREET LANDMARK, LLC</b>					
Principal Place of Business <b>4380 BOAT CLUB DRIVE JACKSONVILLE, FL 32277</b>			Mailing Address <b>4380 BOAT CLUB DRIVE JACKSONVILLE, FL 32277</b>		
2. Principal Place of Business - No P.O. Box # <b>1300 N MAIN ST</b>		3. Mailing Address <b>SAME AS ABOVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Jacksonville Florida</b>		City & State 			
Zip <b>32206</b>		Country <b>USA</b>		Zip 	
Country 		Country 			
<b>6. Name and Address of Current Registered Agent</b>  <b>COLEMAN, C RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 450 JACKSONVILLE, FL 32256</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<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>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VALERIO, GLENN 4380 BOAT CLUB DRIVE JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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	
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:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

**60001881**



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required