

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098624

Entity Name: RON & MARK INVESTMENTS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

417 STOWE AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

417 STOWE AVE
STE B
ORANGE PARK, FL 32073

Current Mailing Address:

417 STOWE AVE
ORANGE PARK, FL 32073

New Mailing Address:

417 STOWE AVE
SUITE B
ORANGE PARK, FL 32073

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, MARK
417 STOWE AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

STANLEY, MARK
417 STOWE AVE
SUITE B
ORANGE PARK, FL 32073 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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENLEY, RON
Address: 417 STOWE AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: STANLEY, MARK
Address: 417 STOWE AVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENLEY, RON
Address: 417 STOWE AVE SUITE B
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Change () Addition
Name: STANLEY, MARK
Address: 417 STOWE AVE SUITE B
City-St-Zip: ORANGE PARK, FL 32073

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: MARK STANLEY

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date