


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 031 ***138.75

DOCUMENT # L07000106722 1. Entity Name MARBLE BY ART L.L.C.					
Principal Place of Business 2819 S.W. 68TH TERRACE MIRAMAR, FL 33023			Mailing Address 2819 S.W. 68TH TERRACE MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2819 SW 68th TER			
Suite, Apt. #, etc. 2819 SW 68th TER		Suite, Apt. #, etc. MIRAMAR FLA			
City & State MIRAMAR, FLA		City & State		4. FEI Number 26-1309075	
Zip 33023		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LINZA, RANDY 2819 S.W. 68TH TERRACE MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name RANDY LINZA Street Address (P.O. Box Number is Not Acceptable) 2819 SW 68th TERR. MIRAMAR FLA 33023 City FL Zip Code		
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) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINZA, RANDY 2819 S.W. 68TH TERRACE MIRAMAR, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Randy Linza</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/28/08 954 4794983 <small>Date Daytime Phone #</small>		