

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

57.

FILED
May 27, 2008 8:00 am
Secretary of State

05-02-2008 90013 030 ***138.75

DOCUMENT # L07000111680					
1. Entity Name MARLIN DRIVE, LLC					
Principal Place of Business 4900 MARLIN DRIVE NEW PORT RICHEY, FL 34652			Mailing Address 4900 MARLIN DRIVE NEW PORT RICHEY, FL 34652		
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 26-1353867	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AYLWARD, THEODORE D - 4900 MARLIN DRIVE NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
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	MGRM AYLARD, THEODORE D 4900 MARLIN DRIVE NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AYLWARD, THEODORE D 4900 MARLIN DR NEW PORT RICHEY FL 34652	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE 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: <i>Theodore D. Aylward</i>			14 APRIL 2008 727 365 4761		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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