02-14-2008 90074 047 ***138.75
L07000111711

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 AUG -1 A 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000111711

1. Entity Name
OTC MARKETING, LLC

Principal Place of Business	Mailing Address
2012 SOUTH FLORIDA AVE. LAKELAND, FL 33803	2012 SOUTH FLORIDA AVE. LAKELAND, FL 33803

01252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 119 Elm Ct
Suite, Apt. #, etc.
City & State: Lakeland, Fl
Zip: 3381-3 Country: Polk

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3613637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTLEMAN, OWEN T
2012 SOUTH FLORIDA AVE.
LAKELAND, FL 33803

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: Owen Castleman T. [signature] 2-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg's tered 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Owen T. Castleman 6022 Velvet loop lakeland, Fl 33811	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: Owen T. Castleman Sr. [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #