

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111711

Entity Name: OTC MARKETING, LLC

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

119 ELM CT.  
LAKELAND, FL 33813

**New Principal Place of Business:**

6022 VELVET LOOP  
LAKELAND, FL 33811

**Current Mailing Address:**

119 ELM CT.  
LAKELAND, FL 33813

**New Mailing Address:**

6022 VELVET LOOP  
LAKELAND, FL 33811

FEI Number: 59-3613637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CASTLEMAN, OWEN T  
6022 VELVET LOOP  
LAKELAND, FL 33811      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: OWEN

05/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CASTLEMAN, OWEN T  
Address: 6022 VELVET LOOP  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OWEN CASTLEMAN

PRES

05/04/2009

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