

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006463

FILED
May 15, 2009
Secretary of State

Entity Name: MARSHALL HOFFMAN, LLC

Current Principal Place of Business:

5985 KENLYN COURT
ORLANDO, FL 32808 US

New Principal Place of Business:

7258 CLARCONA OCOEE ROAD
ORLANDO, FL 32818 US

Current Mailing Address:

5985 KENLYN COURT
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 26-2497252 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:

HOFFMAN, ROBERT L
5985 KENLYN COURT
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOFFMAN, ROBERT L
Address: 5985 KENLYN COURT
City-St-Zip: ORLANDO, FL 32808 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: HOFFMAN, LYDIA M
Address: 5985 KENLYN COURT
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Change (X) Addition
Name: WILSON, ROBERT B
Address: 5985 KENLYN COURT
City-St-Zip: ORLANDO, FL 32808

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: ROBERT L. HOFFMAN

MGR

05/15/2009

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