

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006463

Entity Name: MARSHALL HOFFMAN, LLC

FILED  
May 01, 2010  
Secretary of State

**Current Principal Place of Business:**

7258 CLARCONA OCOEE ROAD  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

5985 KENLYN COURT  
ORLANDO, FL 32808 US

**New Mailing Address:**

BOX 109  
CLARCONA, FL 32710 US

FEI Number: 26-2497252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

HOFFMAN, ROBERT L  
307 EAST ORLANDO AVE  
OCOEE, FL 34761 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/01/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOFFMAN, ROBERT L  
Address: 307 EAST ORLANDO AVE  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: HOFFMAN, LYDIA M  
Address: 307 EAST ORLANDO AVE  
City-St-Zip: OCOEE, FL 34761

Title: MGRM  
Name: WILSON, ROBERT B  
Address: 307 EAST ORLANDO AVE.  
City-St-Zip: OCOEE, FL 34761

I hereby 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 LEE HOFFMAN

MGR

05/01/2010

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