

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038773

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** LES LOGGINS MARKETING LLC

**Current Principal Place of Business:**

3416 FAIRBANKS GRANT RD. N.  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

3416 FAIRBANKS GRANT RD. N.  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

P.O. BOX 24295  
JACKSONVILLE, FL 32241 US

**FEI Number:** 61-1595982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOGGINS, GEORGE L III  
3416 FAIRBANKS GRANT RD. N.  
JACKSONVILLE, FL 32223 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:** PRES  
**Name:** LOGGINS, GEORGE L III  
**Address:** 3416 FAIRBANKS GRANT RD. N.  
**City-St-Zip:** JACKSONVILLE, FL 32223 US

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:** GEORGE L. LOGGINS III

PRES

01/11/2010

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