

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087923

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** MARY KAPLAN, L.L.C.

**Current Principal Place of Business:**

4626 BAYCREST DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

4014 GUNN HWY.  
SUITE 95  
TAMPA, FL 33615

**Current Mailing Address:**

4014 GUNN HWY.  
SUITE 95  
TAMPA, FL 33618

**New Mailing Address:**

4014 GUNN HWY.  
SUITE 95  
TAMPA, FL 33615

**FEI Number:** 27-1577845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KAPLAN, ROY  
4626 BAYCREST DRIVE  
TAMPA, FL 33615 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: MGRM  
Name: KAPLAN, MARY  
Address: 4626 BAYCREST DRIVE  
City-St-Zip: TAMPA, FL 33615

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: MARY KAPLAN

PRES

04/04/2010

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