

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000053559

FILED  
Apr 03, 2011  
Secretary of State

**Entity Name:** LOOK LOCAL MARKETING, LLC

**Current Principal Place of Business:**

313 JACOBS TRAIL  
CHULUOTA, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

313 JACOBS TRAIL  
CHULUOTA, FL 32766 US

**New Mailing Address:**

**FEI Number:** 27-2592399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOGAN, CARLA N  
313 JACOBS TRAIL  
CHULUOTA, FL 32766 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: SCRIBNER, KYLE P  
Address: 437 QUAIL MEADOW COURT  
City-St-Zip: DEBARY, FL 32713 US

Title: MGRM  
Name: HOGAN, CARLA N  
Address: 313 JACOBS TRAIL  
City-St-Zip: CHULUOTA, FL 32766 US

Title: MGR  
Name: CRYSTAL, SCRIBNER E  
Address: 437 QUAIL MEADOW COURT  
City-St-Zip: DEBARY, FL 32713 US

Title: MGR  
Name: HOGAN, GREGORY K  
Address: 313 JACOBS TRAIL  
City-St-Zip: CHULUOTA, FL 32766 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: CARLA N. HOGAN

MGRM

04/03/2011

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