

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90059 007 ****50.00

DOCUMENT # L98000002270

1. Entity Name
MARQUEZ AND MARTINEZ L.L.C.



Principal Place of Business
**3600 W. COMMERCIAL BLVD., SUITE 214
FT. LAUDERDALE, FL 33309**

Mailing Address
**3600 W. COMMERCIAL BLVD., SUITE 214
FT. LAUDERDALE, FL 33309**



2. Principal Place of Business - No P.O. Box #
3600 W Commercial Blvd

3. Mailing Address

3600 W Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Ft Lauderdale, FL

Ft Lauderdale, FL

Zip

Zip

33309

Country

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0868867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, MEGAN M
559 NW 108TH AVE.
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$58.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARQUEZ, MEGAN
559 NW 108TH AVE.
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARQUEZ, JOHN
559 NW 108TH AVE.
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Meghan Marquez* **Meghan Marquez** **1-7-07** **954-733-8870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #