

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000009

1. Entity Name

MARLIN LOGISTICS AND CONTACTNET, LLC



Principal Place of Business

3600 COMMERCE BLVD.
KISSIMMEE, FL 34741

Mailing Address

3600 COMMERCE BLVD.
KISSIMMEE, FL 34741



04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0514818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RICHARD W
2535 SUCCESS DRIVE
ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

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 \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAKER, RICHARD W
STREET ADDRESS	2535 SUCCESS DRIVE
CITY- ST- ZIP	ODESSA, FL
TITLE	MGR
NAME	SPEER, ROY M
STREET ADDRESS	2535 SUCCESS DRIVE
CITY- ST- ZIP	ODESSA, FL
TITLE	MGR
NAME	BACHMAN, CELIA H
STREET ADDRESS	3600 COMMERCE BLVD.
CITY- ST- ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/04/04-80096-003 350.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Celia H. Bachman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CELIA H. BACHMAN

4/27/04

Date

407-251-2020

Daytime Phone #