

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000000237

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** MARMAC, LLC

**Current Principal Place of Business:**

1750 CLEARVIEW PKWY.  
METAIRIE, LA 70001

**New Principal Place of Business:**

**Current Mailing Address:**

17500 MARKET ST  
CHANNELVIEW, TX 77530

**New Mailing Address:**

**FEI Number:** 55-0334972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGR  
**Name:** RICCOBENE, PATRICK  
**Address:** 1750 CLEARVIEW PKWY.  
**City-St-Zip:** METAIRIE, LA 70001

**Title:** MGR  
**Name:** HANBY, DAVID C JR  
**Address:** 1750 CLEARVIEW PKWY.  
**City-St-Zip:** METAIRIE, LA 70001

**Title:** MGR  
**Name:** KNIGHT, DALE A  
**Address:** 1750 CLEARVIEW PKWY.  
**City-St-Zip:** METAIRIE, LA 70001

**Title:** MGR  
**Name:** KOPTISH, ROGER B  
**Address:** 1750 CLEARVIEW PKWY.  
**City-St-Zip:** METAIRIE, LA 70001

**Title:** MGR  
**Name:** RICCOBENE, BRENDAN  
**Address:** 15150 N HAYDEN RD STE D201  
**City-St-Zip:** SCOTTSDALE, AZ 85260

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:** BRIAN K. O'BRIEN

CFO

04/08/2011

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