

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001485

1. Entity Name

MARKETING WORLDWIDE, LLC



Principal Place of Business

**11224 LEMAN ROAD, STE. B
WHITMORE LAKE, MI 48189**

Mailing Address

**11224 LEMAN ROAD, STE. B
WHITMORE LAKE, MI 48189**



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0003942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINZKOWSKI, MICHAEL
3020 LEPRECHAUN LANE
PALM HARBOR, FL 34683**

**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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MARVIN, JAMES
11224 LEMAN ROAD, STE. B
WHITMORE LAKE, MI 48189**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
WINZKOWSKI, MICHAEL
3020 LEPRECHAUN LANE
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GREEN, GREGORY
11224 LEMAN ROAD, STE. B
WHITMORE LAKE, MI 48189**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000153954
05/04/04-80148-019 50.00

**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:

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

MICHAEL WINZKOWSKI

4/16/04

Date

(727) 785-2117

Day/Lt Phone #