


FILED
Apr 07, 2008 8:00 am
Secretary of State

| | | |
|---|---|---|
| <h1 style="margin: 0;">DOCUMENT # P05000122955</h1> | |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 80%;"><p>1. Entity Name MARIETTA MANAGER CORP.</p></div><div style="width: 15%;"></div><div style="width: 5%;"></div></div> | | |
| Principal Place of Business 3700 AIRPORT ROAD SUITE 401 BOCA RATON, FL 33431 | | Mailing Address 2101 W COMMERCIAL BLVD STE 2800 FORT LAUDERDALE, FL 33309 |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
| 6. Name and Address of Current Registered Agent | | |
| FORMAN, ESQUIRE, ROBERT S 2101 WEST COMMERCIAL BLVD SUITE 2800 FORT LAUDERDALE, FL 33309 | | Name |
| | | Street Address |
| | | |
| | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHIMM, KENNETH L 2101 W COMMERCIAL BLVD STE 2800 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | 11. |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 60, F.S., and that the information is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, F.S., or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |