DOCUMENT# M2100000743

Entity Name: MARS RETAIL GROUP, LLC

#### Current Principal Place of Business:

400 VALLEY ROAD MT. ARLINGTON, NJ 07856

### **Current Mailing Address:**

400 VALLEY ROAD MT. ARLINGTON, NJ 07856 US

## FEI Number: 22-2546374

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

## Authorized Person(s) Detail :

| Title           | ASSISTANT SECRETARY     | Title           | MANAGER                |
|-----------------|-------------------------|-----------------|------------------------|
| Name            | SAVARD, ELIZABETH       | Name            | TEBBEN, CHRISTOPHER    |
| Address         | 400 VALLEY ROAD         | Address         | 400 VALLEY ROAD        |
| City-State-Zip: | MT. ARLINGTON NJ 07856  | City-State-Zip: | MT. ARLINGTON NJ 07856 |
|                 |                         |                 |                        |
|                 |                         |                 |                        |
| Title           | MANAGER                 |                 |                        |
| Title<br>Name   | MANAGER<br>JONES, DAVID |                 |                        |
|                 |                         |                 |                        |
| Name            | JONES, DAVID            |                 |                        |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH SAVARD

ASSISTANT SECRETARY 03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Mar 27, 2024 Secretary of State 6835401201CC

Certificate of Status Desired: No

Date