

L05000075679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

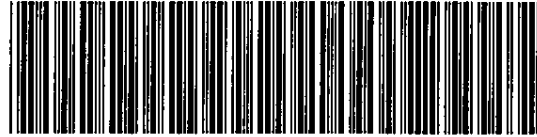
(Business Entity Name)

(Document Number)

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JB

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MA&C LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Novatnack  
(Name of Person)

MA&C LLC  
(Firm/Company)

1405 NW 49 Ave  
(Address)

Coconut Creek, Florida 33063  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Mark Novatnack at ( 954 ) 968-7504  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

