

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000075679

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** MA&C LLC

**Current Principal Place of Business:**

1405 NW 49 AVE.  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1405 NW 49 AVE.  
COCONUT CREEK, FL 33063

**New Mailing Address:**

**FEI Number:** 02-0747322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVATNACK, MARK  
1405 NW 49 AVE.  
COCONUT CREEK, FL 33063 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: MARK NOVATNACK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOVATNACK, MARK  
Address: 1405 NW 49 AVE.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: MGRM ( ) Delete  
Name: NOVATNACK, BACH LAN T  
Address: 1405 NW 49 AVE.  
City-St-Zip: COCONUT CREEK, FL 33063

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK NOVATNACK

MGRM

10/04/2007

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