

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 03, 2009
Secretary of State**

DOCUMENT# L08000017872

Entity Name: MACE MOTORS, LLC

Current Principal Place of Business:

10173 SW 64TH CT.
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

10173 SW 64TH CT.
OCALA, FL 34476

New Mailing Address:

FEI Number: 20-2009205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN, MACE B
10173 SW 64TH CT
OCALA, FL 34476 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEVEN, MACE B
Address: 10173 SW 64TH CT
City-St-Zip: Ocala, FL 34476

Title: MGR () Delete
Name: JAMES, MACE B
Address: 4021 SW 4TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: DIANA, MACE P
Address: 4021 SW 4TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: JENNIFER, MACE L
Address: 10173 SW 64TH CT
City-St-Zip: Ocala, FL 34476

ADDITIONS/CHANGES:

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

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

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: STEVEN MACE

MGRM

03/03/2009

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