

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000001207

1. Entity Name
MACKZAC LLC



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
**100 MANHATTAN AVENUE, APT. 617
UNION CITY, NJ 07087**

Mailing Address
**100 MANHATTAN AVENUE, APT. 617
UNION CITY, NJ 07087**



07092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8331270	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

07/15/08-80005-018 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZACHARIAS, CHRISTOPHER
STREET ADDRESS	100 MANHATTAN AVENUE, APT. 617
CITY-ST-ZIP	UNION CITY, NJ 07087
TITLE	MGRM
NAME	ZACHARIAS, LIZ
STREET ADDRESS	100 MANHATTAN AVENUE, APT. 617
CITY-ST-ZIP	UNION CITY, NJ 07087
TITLE	MGRM
NAME	MACK, KERRY
STREET ADDRESS	100 MANHATTAN AVENUE, APT. 617
CITY-ST-ZIP	UNION CITY, NJ 07087
TITLE	MGRM
NAME	GALINDO AVERY, CESAR
STREET ADDRESS	100 MANHATTAN AVENUE, APT. 617
CITY-ST-ZIP	UNION CITY, NJ 07087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **7/8/09** **(917) 716-5093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #