
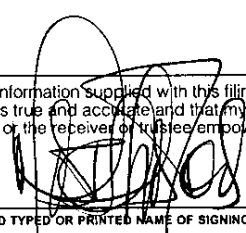


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90042 013 ****50.00

DOCUMENT # L05000117970					
1. Entity Name MAYRO LLC					
Principal Place of Business 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			Mailing Address 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BRYANT, CARLA D 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			MARTHA MAYORAL 4/21/06 407-740-5005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

40043188



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3927911** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

ATTACHMENT

CARLA DELOACH BRYANT

ATTORNEYS & COUNSELORS AT LAW, P.A.

20043188
C05000117970

April 3, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Business Report for MAYRO, LLC

Dear Sir or Madam:

Enclosed please find the 2006 Uniform Business Report for MAYRO, LLC and a check, made payable to the Florida Department of State in the amount of fifty dollars (\$50.00).

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,



Rebekah M. Kurdziel
For the Firm

RMK/js
enclosures