



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 028 ****50.00

DOCUMENT # L04000024059					
1. Entity Name MAVERICK ANGEL, LLC					
Principal Place of Business 1194 MARINER BLVD SPRING HILL, FL 34609 US			Mailing Address 1194 MARINER BLVD SPRING HILL, FL 34609 US		
2. Principal Place of Business - No P.O. Box # 495 MARINER BLVD		3. Mailing Address 495 MARINER BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SPRING HILL FL		City & State SPRING HILL FL			
Zip 34609		Country US		03062007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-0934262	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BATISTA, JOHN 1194 MARINER BLVD SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name BATISTA THERESA Street Address (P.O. Box Number is Not Acceptable) 495 MARINER BLVD City SPRING HILL FL Zip Code 34609		
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 <u>Theresa Batista</u> THERESA BATISTA 3/17/07 <small>Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, JOHN 1194 MARINER BLVD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, JOHN 495 MARINER BLVD SPRING HILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, THERESA 1194 MARINER BLVD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, THERESA 495 MARINER BLVD SPRING HILL FL 34609 <input checked="" 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		
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		
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: <u>Theresa Batista</u>		3/17/07		352 6666 1360	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone</small>	