| 15540 CAF   | RRIAGE COURT<br>33331 US                                    |                               |  |  |  |  |
|-------------|---|-------------------------------|--|--|--|--|
| The above r | named entity submits this statement for the purpose of chan | ging its registered office or | registered agent, or both, in the State of Flori |  |  |  |
| SIGNAT      | SIGNATURE: MARTHA OLIVA                                     |                               |  |  |  |  |
|             | Electronic Signature of Registered Agent                    |                               |  |  |  |  |
| Authoriz    | zed Person(s) Detail :                                      |                               |  |  |  |  |
| Title       | DIR   | Title                         | DIR  |  |  |  |
|             |   |                               | DODDON ALDEDT                                    |  |  |  |

| 15540 CARRIAGE COURT |  |
|----------------------|--|
| DAVIE, FL 33331      |  |

**Current Principal Place of Business:** 

Entity Name: MAAC MANAGEMENT, LLC

## **Current Mailing Address:**

DOCUMENT# L09000106906

**15540 CARRIAGE COURT** DAVIE, FL 33331

## FEI Number: 27-1264026

## Name and Address of Current Registered Agent:

OLIVA, MARTHA R DIRECTOR 15540 C DAVIE,

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA OLIVA

DIECTOR

04/23/2017 Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

| Title           | DIR                      | Title           | DIR                  |
|-----------------|--------------------------|-----------------|----------------------|
| Name            | OLIVA, MARTHA R DIRECTOR | Name            | BORRON, ALBERT       |
| Address         | 15540 CARRIAGE COURT     | Address         | 15540 CARRIAGE COURT |
| City-State-Zip: | DAVIE FL 33331           | City-State-Zip: | DAVIE FL 33331       |
|                 |                          |                 |                      |

FILED Apr 23, 2017 Secretary of State CC8807190256

> 04/23/2017 Date

Certificate of Status Desired: No