

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000037902

**Entity Name:** MATUO LLC

**Current Principal Place of Business:**

618 NE 2ND ST  
SUITE B  
GAINESVILLE, FL 32601

**Current Mailing Address:**

P.O. BOX 6020  
GAINESVILLE, FL 32627 US

**FEI Number:** 46-2804743

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOMAN, CATHERINE  
618 NE 2ND ST  
GAINESVILLE, FL 32601 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name BOMAN, CATHERINE  
Address 618 B NE 2ND ST  
City-State-Zip: GAINESVILLE FL 32601

*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:** CATHERINE BOMAN

**MANAGING MEMBER**

**04/20/2015**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date