

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000157713

**Entity Name:** MAC OBT, LLC**Current Principal Place of Business:**2660 SOUTH OCEAN BOULEVARD  
UNIT 706S  
PALM BEACH, FL 33480**Current Mailing Address:**5598 WEST COLONIAL DRIVE  
ATTN ANNA RIBIERO  
ORLANDO, FL 32808 US**FEI Number:** 47-5151903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDRADE, CARLOS P  
2660 SOUTH OCEAN BOULEVARD  
UNIT 706S  
PALM BEACH, FL 33480 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 MGR  
Name ANDRADE, CARLOS P  
Address 2660 SOUTH OCEAN BOULEVARD,  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name RIVEIRO, CARLOS  
Address 2660 SOUTH OCEAN BOULEVARD,  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name CAVALLO, DIANE  
Address 2660 SOUTH OCEAN BOULEVARD,  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name CAVALLO, MICHAEL  
Address 2660 SOUTH OCEAN BOULEVARD,  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name DACOSTA, TANYA  
Address 2660 SOUTH OCEAN BOULEVARD,  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name DACOSTA, CHRISTOPHER  
Address 2660 SOUTH OCEAN BOULEVARD,  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name DIPIETRO, LINDSEY  
Address 2660 SOUTH OCEAN BOULEVARD  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name DIPIETRO, ALEXANDER  
Address 2660 SOUTH OCEAN BOULEVARD  
UNIT 706S  
City-State-Zip: PALM BEACH FL 33480

*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:** MICHAEL CAVALLO**MEMBER****01/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date