

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000390942

**Entity Name:** MACELI LLC

**Current Principal Place of Business:**

3180 PARADOX CIR  
UNIT 106  
KISSIMMEE, FL 34746

**Current Mailing Address:**

P.O. BOX 917292  
LONGWOOD, FL 32791 US

**FEI Number:** 87-2528249

**Certificate of Status Desired:** No

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

B&S ACCOUNTING & TAX SERVICE LLC  
2600 LAKE LUCIEN DR. SUITE 405  
MAITLAND, FL 32751 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	Title	MGR
Name	SILVA GONCALVES, CELIA	Name	SILVA GONCALVES, MARIA
Address	3180 PARADOX CIR. UNIT 106	Address	3180 PARADOX CIR UNIT 106
City-State-Zip:	KISSIMMEE FL 34746	City-State-Zip:	KISSIMMEE FL 34746

*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:** CELIA SILVA GONCALVES

MGR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date