2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90089 040 ****50.00

DOCUMENT # L00000000817

1. Entity Name

MAYOLIN L.L.C.

Principal Place of Business	Mailing Address
5757 COLLINS AVE APT # 803 MIAMI BEACH FL 33140	5757 COLLINS AVE APT # 803 MIAMI BEACH FL 33140

03252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
10274 TRIANON PL		10274 TRIANON PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WELLINGTON FL		City & State: WELLINGTON FL	
Zip: 33467	Country: USA	Zip: 33467	Country: USA

4. FEI Number 65-0976627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MANZANO, RAMON
5757 COLLINS AVE APT # 308
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 10274 TRIANON PL

City WELLINGTON FL Zip Code 33467

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGER MANZANO, RAMON 5757 COLLINS AVE APT # 308 MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10274 TRIANON PL WELLINGTON, FL 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________ 04/26/05 786-351-6299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Dec 23 2005 1:40PM ECFS 3054444977 p.2