

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008277

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** MAVOLIC, L.L.C.

**Current Principal Place of Business:**

5230 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

5230 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

FEI Number: 65-1029331      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VOGT, WILLY  
5230 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VOGT, WILLY E MGR  
Address: 5230 PRAIRIE DUNES VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLY VOGT

MGR

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date