

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 017 ****55.00

DOCUMENT # L000000014821

1. Entity Name

MAHONEY HOLDINGS, LLC



Principal Place of Business
234 EL BRILLO WAY
PALM BEACH FL 33480

Mailing Address
234 EL BRILLO WAY
PALM BEACH FL 33480



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2nd MOORE

CR2E083 (4/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1059877

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTOS, MICHAEL E
1 CLEMATIS STREET, SUITE 400
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MAHONEY, DANIEL J
STREET ADDRESS 234 EL BRILLO WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ Change ☐ Addition
NAME MAHONEY, DANIEL J.
STREET ADDRESS 14663 76TH ROAD N.
CITY-ST-ZIP HOKAHTENEE, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(Daytime Phone #)

SHEREN HAYES

8/28/07

861-385-8579