2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Aug 05, 2003 8:00 am Secretary of State

DOCUMENT # L0200005832 1. Entity Name MAC ENTERPRISES, LLC							06-02-2003 90083 017 ****50.00 07-24-2003 90064 001 ****50.00				
Principal Place of Business 3342 ALBIN AVENUE NORTH PORT FL 34286			Mailing Address 3342 ALBIN AVENUE NORTH PORT FL 34286			55053373					
2. Principal I	Place of Business		. Mailing Address								
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 06~1467 80%				Applied For	
Zip	Country		Zip	Cour	ntry		ite of Status Desired		\$5.00 A	Additional	
6. Name and Address of Current			Istered Agent	7. Name and Address of New Registered Agent						\exists	
3342	CARTHY, PAMELA M 2 ALBIN AVENUE 1TH PORT FL 34286		المراجعة المعارية المراجعة المستمية المراجعة	ي م	Name Street Address		ber is Not Acceptable)			
			•		City			FL	Zip Co	ode	7
	e named entity submits the tions of registered agent		purpose of changing it	ts register	ed office or registe	ered agent, or b	oth, in the State of Flo	rida. I am 1	amiliar with	h, and accep	it
SIGNATURE	Signature, typed or printed name	of registered agent and ti	te if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE	·		1
••			Make Check Payab	ole to Flo	EE IS \$50.00 orida Departme mber 24, 2003	ent of State			· · ·		
9.		AGING MEMBERS/		10.			ADDITIONS/	CHANGES			٦,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TIMOTHY MCI 3342 ALBU NORTH POLT	CANCTHY WAVE FL 3429	□ Delete	L 1	1				☐ Change	Addition	E
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TITLE NAME - STREET ADDRESS - CITY-ST-ZIP		-	☐ Deteta		,	·			☐ Change	Addition	n
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITLE NAME STRE			····		Change	Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ľ				☐ Change	Addition	3
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	City-	ET ADDRESS ST-ZIP				Change	Addition	1
indicated	pertify that the information on this report is true and billity company or the re-	eiver or trustee em	my signature shall have	the same report as	legal effect as if n required by Chap	nade under oat	h; that I am a managi	lurther certing member	fy that the or manag	information er of the	

Ottachment

55053373 \$10200005832

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 26, 2003

MAC ENTERPRISES, LLC 3342 ALBIN AVENUE NORTH PORT, FL 34286

Subject: MAC ENTERPRISES, LLC

Reference Number:

L02000005832

So very sorry - FET # entered

Please refund me

15000 I thought I

Newersent Thank June

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH ANNUAL REPORTS SECTION

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