

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017805

FILED  
Jul 21, 2008  
Secretary of State

Entity Name: MAC, LLC

**Current Principal Place of Business:**

5134 MILL STREAM RD  
OCOEE, FL 34761

**New Principal Place of Business:**

2950 CARDASSI DRIVE  
OCOEE, FL 34761

**Current Mailing Address:**

5134 MILL STREAM RD  
OCOEE, FL 34761

**New Mailing Address:**

2950 CARDASSI DRIVE  
OCOEE, FL 34761

FEI Number: 51-0416758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MORRIS, ANTHONY L SR.  
5134 MILL STREAM RD  
OCOEE, FL 34761    US

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

MORRIS, ANTHONY L SR.  
2950 CARDASSI DRIVE  
OCOEE, FL 34761    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: \_\_\_\_\_

07/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MORRIS, ANTHONY L SR.  
Address: 5134 MILL STREAM RD  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MORRIS, ANTHONY L SR.  
Address: 2950 CARDASSI DRIVE  
City-St-Zip: OCOEE, FL 34761

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: ANTHONY L. MORRIS SR.

MGR

07/21/2008

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