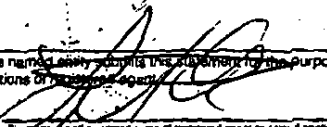
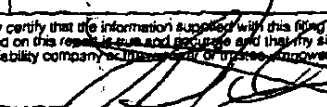


7/26
FILED2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000003739				04 OCT 18 PM 3:56	
1. Entity Name MAC PAINTING LLC				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 441 SOUTH STATE ROAD 7, SUITE 9A MARGATE, FL 33068		Mailing Address 441 SOUTH STATE ROAD 7, SUITE 9A MARGATE, FL 33068		34009769 	
2. Principal Place of Business		3. Mailing Address		07012004 Chg-LLC CR2ED83 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 61-1739309 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COX, LEEDEL JR. 2231 N.E. 34TH COURT LIGHTHOUSE POINT, FL 33064				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  DATE					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee Del Cox Jr. 441 S. State Rd 7 Suite 9A Margate FL 33068 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee Del Cox Jr. 2231 NE 34th Ct Lighthouse Pt 33064 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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)(f), 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, authorized officer or officer empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE  DATE Daytime Phone #					