

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012876

1. Entity Name
MAYMAN ENTERPRISES, LLC



Principal Place of Business
1783 S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

Mailing Address
1783 S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

FILED

07 SEP 18 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08222007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
77-0599050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROST, SCOTT R
444 SEABREEZE BLVD., SUITE 800
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

100109526941
09/18/07--01005--023 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAYMAN, THOMAS R
STREET ADDRESS	1783 S. RIDGEWOOD AVE
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	MGR
NAME	MAYMAN, ANNA A
STREET ADDRESS	1783 S. RIDGEWOOD AVE
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

Thomas R Mayman

member

9/14/07

3867679234

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

Date

Daytime Phone #