

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

04-15-2004 90115 040 ****50.00

DOCUMENT # L03000020433

1. Entity Name
MAC HOUSE, L.L.C.



Principal Place of Business
**1537 NE 194TH ST.
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1537 NE 194TH ST.
NORTH MIAMI BEACH, FL 33179**

34009494



2. Principal Place of Business

1930 Harrison Street

Suite, Apt. #, etc.

suite 202

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Address

1930 Harrison ST.

Suite, Apt. #, etc.

suite 202

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

07192004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

137 72539 6

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ
TURNBERRY PLAZA, STE. 801
2875 NE 191ST ST.
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name

DANIEL GAMBARD

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

1930 Harrison ST. suite 202

City

HOLLYWOOD

FL

Zip Code

33020

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

07-17-04

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER (MGR)** ☐ Delete
NAME **DANIEL GAMBARD**
STREET ADDRESS **1543 Presidential Way**
CITY-STATE-ZIP **NMB, FL 33179**

TITLE **MANAGER** ☐ Delete
NAME **DANIEL GAMBARD**
STREET ADDRESS **1543 Presidential Way**
CITY-STATE-ZIP **NMB, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

07/17/04 786.282.6703

Date

Daytime Phone #