

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022523

1. Entity Name
MATEG LLC



Principal Place of Business
**74 BARBERTON ROAD
LAKE WORTH, FL 33467**

Mailing Address
**74 BARBERTON ROAD
LAKE WORTH, FL 33467**



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATYSKIELL, ROBERT E
111 AKTON ROAD
LAKE WORTH, FL 33467**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MATYSKIEL, JOHN R
STREET ADDRESS	74 BARBERTON ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	MGR
NAME	MATYSKIEL, DOROTHY E
STREET ADDRESS	74 BARBERTON ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	MATYSKIEL, JOHN R
STREET ADDRESS	74 BARBERTON ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	T
NAME	MATYSKIEL, DOROTHY E
STREET ADDRESS	74 BARBERTON ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	MGR
NAME	MATYSKIEL, ROBERT E
STREET ADDRESS	111 AKRON RD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	AR
NAME	MATYSKIEL, MOHN R JR
STREET ADDRESS	74 BARBERTON RD
CITY-ST-ZIP	LAKE WORTH, FL 33467

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05/04/05-80100-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/05 5616881515