

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90278 035 \*\*\*\*50.00

**DOCUMENT # L03000023653**

1. Entity Name  
**MAYFLOWER, LLC**



Principal Place of Business  
**1605 BROOKSIDE CIRCLE EAST  
JACKSONVILLE, FL 32207**

Mailing Address  
**134 OCEANWALK DRIVE S.  
ATLANTIC BEACH, FL 32233**

**20007866**



2. Principal Place of Business  
**134 OCEANWALK DRIVE S.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-LLC CR2E083 (10/03)

City & State  
**ATLANTIC BEACH, FLORIDA**

City & State

4. FEI Number  
**42-1598214**

Applied For  
Not Applicable

Zip  
**32233**

Country  
**DUVAL**

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

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

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 May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARTER, GRETA M  
1605 BROOKSIDE CIRCLE EAST  
JACKSONVILLE, FL 32207** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MACKOUL, RICK M  
134 OCEANWALK DRIVE SOUTH  
ATLANTIC BEACH, FL 32233** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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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)(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: RICK MACKOUL**  
**Rick Mackoul** MANAGING MEMBER

**1-12-05**

**904-249-0802**

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

Date

Daytime Phone #