

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90156 024 ****55.00

DOCUMENT # L03000026921

1. Entity Name

MACA HOLDINGS LLC



Principal Place of Business

3822 WEST 12TH AVE.
HIALEAH FL 33012

Mailing Address

3822 WEST 12TH AVE.
HIALEAH FL 33012

20006417



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3857 W. 16 Ave

3. Mailing Address

3857 W. 16 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

20-0675971

Applied For

Not Applicable

Zip

33012

Country

U.S.A.

Zip

33012

Country

U.S.A.

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAYON, MAURICE
3822 WEST 12TH AVE.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

3857 W. 16 Ave

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CAYON, MAURICIO
STREET ADDRESS 3822 W 12 AVE
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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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

1/26/05

Date

305 823 6721

Daytime Phone #