


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L04000001207 1. Entity Name THE MYAR GROUP LLC	
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Principal Place of Business 3527 LAUGHLIN ROAD ZELLWOOD, FL 32798	Mailing Address POST OFFICE BOX 753 ZELLWOOD, FL 32798
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DO NOT WRITE IN THIS SPACE



05012007No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0094599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCO-THOMAS, MARIA
3527 LAUGHLIN ROAD
ZELLWOOD, FL 32798

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000760026
05/24/07-80066-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO-THOMAS, MARIA POST OFFICE BOX 753 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, KENNETH L POST OFFICE BOX 753 ZELLWOOD, FL 32798
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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:  5/1/07 954-682-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #