

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008937

Entity Name: MAKARIOS SAKAL, LLC

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

1589 METROPOLITAN BLVD
C
TALLAHASSEE, FL 32308

Current Mailing Address:

1589 METROPOLITAN BLVD
C
TALLAHASSEE, FL 32308

New Principal Place of Business:

3011 POWELL RD
SUITE 1
TALLAHASSEE, FL 32308

New Mailing Address:

3011 POWELL RD
SUITE 1
TALLAHASSEE, FL 32308

FEI Number: 20-0767212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESSLEY, TORI
3238 ADDISON LANE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENOIT, JEFFREY
Address: 3035 ELMWOOD ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: PHILLY, WADE
Address: 3035 ELMWOOD ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: ECKHART, CURT
Address: 3035 ELMWOOD ROAD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CURT ECKHART

MGRM

04/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date