2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01-24-2005 90105 038 ****50.00

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DOCUMENT # L04000042026

1. Entity Name
MACK OF ALL TRADES LLC

Principal Place of Business	Mailing Address
6665 LURAIS DRIVE LAKE WORTH, FL 33463	6665 LURAIS DRIVE LAKE WORTH, FL 33463

20003563

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
111 S.E. 2nd Ave			
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.	
City & State: Deerfield Beach, FL		City & State	
Zip: 33441	Country: USA	Zip	Country

4. FEI Number: 47-0942453 ☐ Applied For ☐ Not Applicable

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
BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301	Name: ~~Mack of All Trades LLC~~ Marcus McDermott Street Address (P.O. Box Number is Not Acceptable): 6665 Lurais Drive City: Lake Worth FL Zip Code: 33463

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.

Amended 2/14/05

SIGNATURE: Marcus McDermott / Marcus McDermott 1/19/05
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	MGRM MCDERMOTT, MARCUS 6665 LURAIS DRIVE LAKE WORTH, FL 33463	☐ Delete	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: Marcus McDermott 1/19/05 (954) 609-0412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #