

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000059184

1. Entity Name
MACK CUSTOM HOMES, LLC



Principal Place of Business
**1731 WEST 9 1/2 MILE ROAD
CANTONMENT, FL 32533**

Mailing Address
**1731 WEST 9 1/2 MILE ROAD
CANTONMENT, FL 32533**



08012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1486971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACK, PAUL L
1731 WEST 9 1/2 MILE ROAD
CANTONMENT, FL 32533**

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACK, PAUL L
1731 WEST 9 1/2 MILE ROAD
CANTONMENT, FL 32533**

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08/04/06-80005-007 50.00

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IN THIS SPACE**

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: _____

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

8/1/06 (850) 516-4431

Date

Daytime Phone #