

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075580

Entity Name: MAKO'VER, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

635 OAKDALE STREET
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 398
WINDERMERE, FL 34786

New Mailing Address:

635 OAKDALE STREET
WINDERMERE, FL 34786

FEI Number: 20-1859265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASHBURN, ERIC S ESQ.
102 EAST MAPLE STREET
WINTER GARDEN, FL 34787 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: MGR () Delete
Name: SMITH, JOHN STANTON
Address: 635 OAKDALE STREET
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: THEISEN, DANIEL W
Address: PO BOX 957
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: WALKER, STEVEN H
Address: 636 OAKDALE STREET
City-St-Zip: WINDERMERE, FL 34786

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 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: J STANTON SMITH

MGR

04/14/2009

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