

FILED
Apr 08, 2008 08:00 AM
Secretary of State

MACEY CAPITAL LLC



113 COVENTRY PLACE
PALM BEACH GARDENS FL 33418
US

3. Mailing Address

Suite, Apt. #, etc

City & State

Country

zip

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

RISK, MACEY P
113 COVENTRY PLACE
PALM BEACH GARDENS FL 33418

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI

Zip Code

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

See also: typed & control name of re: stored agent and file type (0700-0700)

NOTE: Registered agent's name is required when registering.

GATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

ADDIT	CHANGES
10.	ADDIT

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RISK, MACEY P	
STREET ADDRESS	113 COVENTRY PLACE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RISK, DOUGLAS T	
STREET ADDRESS	113 COVENTRY PLACE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST. ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	000 JAYHILL RD		
CITY-ST-ZIP	04/19/09 20871-014 61.25		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000386781
CITY - ST - ZIP	04/18/08-90071-014 138 75

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/08 561-775-4677