2006 LIMITED LIABILITY COMPANY						FILED 2 Mar 27, 2006 8:00 am		
DOCUMENT # L05000009136 1. Entity Name						Secretary of State 02-27-2006 90427 045 ****50.00		
MACEDA	& KARL,	LLC						
Principal Place of Business Mailing Address								
2 OFFICE P PALM COA:	ST FL 3213	7 	2 OFFICE PARK DRIVE PALM COAST FL 3213	e, SUITE A	.7			
2. Principal Place of Business 395 SW Palm Coast Placy F			3. Mailing Address PO BOメ ろう	3154				
Suite, Apt. #, etc.			Suite, Apl. #, elc. PALM COAST, FL			1st MOORE CR2E083 (10/05)		
City & State Palm Coast, FL			City & State		· · · ·	4. FEI Number 20 - 2246832 Applied For Not Applicable		
Zip 3213	Я	Country FLAGLER	Zip 32135	Country FLA	GIER	5. Certilicate of Status Desired S5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent		
1 FL	rz, B. Pai Lorida P .M Coas	UL PARK DRIVE SOUTH T FL 32137	I, ATRIUM SUITE		Street Address (P.O. Box Number is Not Acceptable)			
Č.					City	FL Zp Code		
8. The above	e named entit	y submits this statement for	the purpose of changing its	registered o	office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Sonnue mer	ered agent.	ng life ć augustata (NOTS	- Barra report Arr	eril signature sequired	when remetating) DA12		
		•) W!!! FEI Ie to Flori	E.IS \$50.00 da Departmei			
9.	1	MANAGING MEMBEI		10.		ADDITIONS/CHANGES		
TIRE NAME STREET ADDRESS CITY-ST-ZIP	2 OFFICE	CZ, JOHN K PARK DRIVE, SUITE A7 AST FL 32137	🖸 Deletz	TITLE NAME STREET AI CITY-ST-		SW Palm Coast Phuy, #5 m Coast, FL 32137		
ITILE NAME STREET ADDRESS CITY-ST-ZIP] Delete	TITLE NAME STREET AI CITY-ST-	PRE MÁC	SIDENT Change BAddition CEDA, MERCELITA S SW PAIN COast PLWY, #5 Im Coast FL 32137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · ·	Delete	TITLE NAME STREET AL CITY-ST-	DDRESS	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Deicte	TITLE NAME STRIET AL CITY-ST-	•	🗋 Change 🛄 Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			🗇 Deletz	TITLE NAME STREET A CITY-ST-	1	Change 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZP			Delete	TITLE NAME STREET AL CITY-ST-		Change (Addition		
indicated limited lia	t on this repo	int is true and accurate and	This filing does not qualify for that my signature shall have a empowered to execute this	a lhe same l	legal effect as if	d in Section 119, Florida Statutes, I further certify that the information made under oath; that I am a managing member or manager of the ter 608, Florida Statutes. 2)13/06 (384) 569-6182		



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

MACEDA & KARL, LLC P.O. BOX 353154 PALM COAST, FL 32135

Subject:	MACEDA	& KARL, LLC	
Reference	e Number:	L0500009136	\bigcirc

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION