


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90386 001 *****5.00
03-31-2008 90386 002 ***138.75

DOCUMENT # L05000013414	
1. Entity Name MAYSPRING, LLC	

Principal Place of Business 13711 OLD SHERIDAN STREET SOUTHWEST RANCHES, FL 33330	Mailing Address 13711 OLD SHERIDAN STREET SOUTHWEST RANCHES, FL 33330
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2. Principal Place of Business - No P.O. Box # 7950 W 28th AVE.	3. Mailing Address 7950 W 28th AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, Florida	City & State Hialeah, Florida
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Zip 33018	Country DADE	Zip 33018	Country DADE
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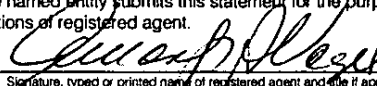
02262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8862036	Applied For <input type="checkbox"/> Not Applicable
NOT APPLICABLE	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required
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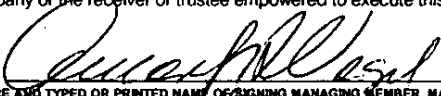
6. Name and Address of Current Registered Agent	
SIESKY, JAMES H 1000 TAMiami TRAIL N., SUITE 201 NAPLES, FL 34102	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 	DATE 3/28/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGEL, AMRILYS S 13711 OLD SHERIDAN STREET SOUTHWEST RANCHES, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	