2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000032136

1. Entity Name
MATRICE OF FLORIDA, LLC

Principal Place of Business	Mailing Address
1006 MARLEY DRIVE HAINES CITY, FL 33844	1006 MARLEY DRIVE HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2804336
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SITTERSON, CURTIS H
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	NINGUEZ, PATRICE
STREET ADDRESS	1006 NURFAY DR
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	VP
NAME	ALLEGRA, NARA
STREET ADDRESS	1006 NURGAY DR
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: PNinguez Patrice Ninguez 4/17/07 863-547-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #