

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000039359

1. Entity Name  
MAC FOREST, L.L.C.



Principal Place of Business  
6903 & 6907 FOREST AVE.  
NEW PORT RICHEY, FL 34653

Mailing Address  
9932 IVANHOE AVE.  
SCHILLER PARK, IL 60176

DO NOT WRITE IN THIS SPACE



08122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2734018

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOWA, CHRIS  
6051 KENTUCKY AVE  
NEW PORT RICHEY, FL 34653

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-13-07

Filing Fee is \$50.00  
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SOCHOCKI, MARY S  
6051 KENTUCKY AVENUE  
NEW PORT RICHEY, FL 34653

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-13-07


Date

(727) 247-2871

Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/10/2007-90039-013-\$50.00-\$50.00

<b>DOCUMENT # L05000039359</b> 1. Entity Name <b>MAC FOREST, L.L.C.</b>						<h2 style="margin: 0;">ATTACHMENT</h2> <p style="font-size: 2em; margin-top: 20px;">30012278</p>																									
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number <b>20-2734018</b>				Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent <b>SOWA, CHRIS 6051 KENTUCKY AVE NEW PORT RICHEY, FL 34653</b>				7. Name and Address of New Registered Agent Name <b>ALEX SOWA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9932 IVANHOE AVE</b> City <b>SCHILLER PARK, ILLINOIS</b> Zip Code <b>60176</b>																											
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SIGNATURE <u><i>Chris Sowa</i></u> <b>7-5-07</b> <small>Signature, typed or printed name of registered agent and date if applicable</small>				DATE <b>7-5-07</b> <small>(NOTE: Registered Agent's Signature required when re-registering)</small>																											
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>																											
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