

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90033 001 ****55.00

DOCUMENT # L05000063967

1. Entity Name

MARYEDIAZ LLC



Principal Place of Business

2317 AINSWORTH AVE.
DELTONA FL 32738

Mailing Address

2317 AINSWORTH AVE.
DELTONA FL 32738

2. Principal Place of Business

2317 AINSWORTH AVE

Suite, Apt. #, etc.

3. Mailing Address

2317 AINSWORTH AVE

Suite, Apt. #, etc.

20017140



1st MOORE

CR2E083 (10/05)

City & State

DELTONA FLORIDA

City & State

DELTONA FL

4. FEI Number

11-3754499

Applied For

Not Applicable

Zip

32738

Country

Volusia

Zip

32738

Country

Volusia

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARY E
2317 AINSWORTH AVE.
DELTONA FL 32738

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE .. MGR ☐ Delete
NAME DIAZ, MARY E
STREET ADDRESS 2317 AINSWORTH AVE.
CITY-ST-ZIP DELTONA FL 32738

TITLE MGRM ☐ Delete
NAME DIAZ, JOSEPH P
STREET ADDRESS 2317 AINSWORTH AVE.
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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

Date

Daytime Phone #

MARYEDIAZ LLC. 3-7-06 386-532-9899