

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000069771

1. Entity Name
MACEALOT, L.L.C.



Principal Place of Business
**928D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**

Mailing Address
**928D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**



01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACEY, THEODORE I
928 D MAR WALT DR
FORT WALTON BEACH, FL 32547**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACEY, THEODORE I
928D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACEY, JEFFREY T
928D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACEY, JENNIFER L
928D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACEY, JACQUELYN D
928D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000645750
03/06/07-80001-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Richard J. Sney*

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

2/18/07 8505822400

Date

Daytime Phone #