

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076652

Entity Name: MACO ENTERPRISE, LLC

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2452 MAHAN DRIVE  
SUITE 102  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2452 MAHAN DRIVE  
SUITE 102  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-3283562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARPER, LARRY L M.D.  
2452 MAHAN DRIVE  
SUITE 102  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARPER, LARRY L M.D.  
Address: 2452 MAHAN DRIVE SUITE 102  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: PAREDES, ALFREDO A JR., MD  
Address: 2452 MAHAN DRIVE SUITE 102  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY HARPER

MGRM

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date