2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Aug 03, 2007 8:00 am Secretary of State DOCUMENT # L05000097988 08-03-2007 90031 008 ****55.00 MAYO ENTERPRISES, LLC Principal Place of Business Mailing Address 18572 CHARLIE WOOD RD. BLOUNTSTOWN FL 32424 18572 CHARLIE WOOD RD. **BLOUNTSTOWN FL 32424** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 15953 NW LAKESIDE LANE 15953 NW LAKESIDE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/07) Applied For City & State City & State 4. FEI Number 35-2262385 BRISTOL, FLORIDA Not Applicable BRISTOL, FLORIDA \$5.00 Additional 5. Certificate of Status Desired X USA 32321 Fee Required 32321 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYO, TERRELL L. MAYO, TERRELL L Street Address (P.O. Box Number is Not Acceptable) 18572 CHARLIE-WOOD-RD. 15953 NW LAKESIDE LANE BLOUNTSTOWN-FL-32424 City BRISTOL Zip Code 32321 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. (NOTE: Registered Agent signalure required when reinstating) FILE NOW!!! FEE (\$ \$50.00) Make Check Payable to Florida Department of State Due By September 5, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **XX** Change MGR Addition TITLE TIME ☐ Delete MAYO, TERRELL L NAME NAME STREET ADDRESS 18572 CHARLIE-WOOD RD. STREET ADDRESS 15953 NW LAKESIDE LANE CITY-ST-ZIP BLOUNTSTOWN FL 32424 CITY-ST-ZIP BRISTOL, FLORIDA 32321 ☐ Delete MGRM TITLE Change TITLE ☐ Addition MAYO, JAMES R 15953 NW LAKESIDE LANE STREET ADDRESS 11528 NW ROBERTSON-MILL RD. STREET ADDRESS **B**RISTOL, FL. 32321 CITY-ST-ZIP BRISTOL FL 32321 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAYO, DEWAYNE F NAME NAME STREET ADDRESS 15953 NW LAKE SIDE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRISTOL FL 32321 THE ☐ Delete INTEE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete Change Change ■ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby 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.

FILED

SIGNATURE: June of Spritter NAME OF SIGNING MANAGING MEMBER, MANAGER, OR MANAGER, OR AUTHORIZED REPRESENTATIVE Daytimo Phone #