## 2006 LIMITED LIABILITY COMPANY

Meurie

## Feb 24, 2006 8:00 am Secretary of State ANNUAL REPORT -**DOCUMENT # L05000100522** 01-23-2006 90140 029 \*\*\*\*50.00 1. Entity Name MAURCOM, LLC Principal Place of Business Mailing Address **370 BUSINESS PARKWAY 370 BUSINESS PARKWAY** 30000990 #115 #115 ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 01092006 Chg-LLC CR2E083 (11/05) City & State City & State EEI Number Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, MAURICE W Street Address (P.O. Box Number is Not Acceptable) 370 BUSINESS PARKWAY #115 ROYAL PALM BEACH, FL 33411 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 \_\_\_\_ Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES • 10 MGR IIILE TILE ☐ Delete ☐ Chance ■ Addition PARKER, MAURICE W HART NAME 370 BUSINESS PARKWAY #115 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-7P CITY ST. 7P MLE MGR ☐ Delete Change ☐ Addition PARKER, CAROL NAME NAME STREET ADDRESS 370 BUSINESS PARKWAY #115 STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZEP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - 73P CITY-ST-7P TITLE " Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deteta MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZP πLE O Delete IIILE Chance ☐ Addition MALE MALES STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

ACMORDED REPRESENTATIVE

1-561-790-213





## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

MAURCOM, LLC 370 BUSINESS PARKWAY #115 ROYAL PALM BEACH, FL 33411

Subject: MAURCOM, LLC

Reference Number:

L05000100522

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION