

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 031 ****50.00

DOCUMENT # L05000109774

1. Entity Name
MARO PROPERTIES, LLC



Principal Place of Business
C/O S. DWORKIN - 2042 CENTRAL PARK AVE
YONKERS, NY 10710

Mailing Address
C/O S. DWORKIN - 2042 CENTRAL PARK AVE
YONKERS, NY 10710

DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3791857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MARO, FRANK
7218 S.E. SWAN AVENUE
HOBE SOUND, FL 33455

**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
MGR
MARO, FRANK
54 ORCHARD AVE.
RYE, NY 10580

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: x

Turner

FRANK MARO

1/24/07

914-663-9143

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

Date

Daytime Phone #