2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-16-2007 90151 044 ****50.00

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1. Entity Name
MARY NGUYEN LLC

Principal Place of Business	Mailing Address
100 HOLLYBERRY BRANCH LANE DAYTONA BEACH, FL 32124 US	P. O. BOX 6423 DELTONA, FL 32738

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 104 Mableberry Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Daytona Beach, Fl
Zip / Country	Zip 32124-3684 / Country US

03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 203847542 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NGUYEN, MARY 1650 TEMPLEWOOD AVE DELTONA, FL 32725	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: Mary Sittnick 03/07/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGUYEN, MARY P. O. BOX 6423 DELTONA, FL 32728 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mary Nguyen Sittnick 104 Mableberry Court Daytona Beach, Fl 32124-3684 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mary Sittnick 03/07/07 (407) 474-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #