2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-11-2007 90161 007 ****50.00

DOCUMENT # L06000044001

1. Entity Name
MARIA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
152 PLEASANT VALLEY DRIVE DAYTONA BEACH FL 32114 US	28 CORK CIRCLE MILLVILLE MA 01529 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-4876830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICE & ROSE, P.A.
222 SEABREEZE BLVD.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM NYROUZ, HANY S 28 CORK CIRCLE MILLVILLE MA 01529	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________ 04-01-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

In reply refer to: 0133464515
May 30, 2006 LTR 147C 0
20-4876830 000000 00 000
02318
BODC: NOBOD

3000545
#L06000044001

MARIA INVESTMENTS LLC
HANY S NYRUZ MBR
28 CORK CIR
MILVILLE MA 01529

100088

Employer Identification Number: 20-4876830

Dear Taxpayer:

Thank you for the inquiry dated May 16, 2006.

In order to be eligible for filing Form 1120 for your LLC you must complete a Form 8832 and send it to the Philadelphia Service Center address indicated on the Form 8832. Please go to the IRS website at WWW.IRS.GOV to obtain Form 8832 or call 1-800-829-3676.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____