

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90256 048 ***138.75

DOCUMENT # L06000056709

1. Entity Name

MACK'S HOME RENOVATIONS, LLC



Principal Place of Business

**2875 FORSYTH RD
UNIT 607
WINTER PARK FL 32751
US**

Mailing Address

**1088 BARRONWOOD RD
OCOE FL 34761
US**



2. Principal Place of Business P.O. Box #

**815 MARYS PLANE
UNIT #19**

3. Mailing Address

1088 BARRONWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

WINTER GARDEN

OCOE FL

ORANGE

34761

ORANGE

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4974427

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

**GREGORY, MACK T
1088 BARRONWOOD RD
OCOE FL 34761**

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]

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE **May 1, 2008**

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MACK, GREGORY T
1088 BARRONWOOD RD
OCOE FL 34761**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

[Signature]

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

[Signature]
DATE **May 1, 2008**

Copy to P&C #