



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90082 045 \*\*\*\*50.00

DOCUMENT # L06000065062					
<b>1. Entity Name</b> MAGGIE'S MAILING SERVICE LLC					
<b>Principal Place of Business</b> 6520 OAK HAMMOCK DR BRADENTON, FL 34202 US			<b>Mailing Address</b> 6520 OAK HAMMOCK DR BRADENTON, FL 34202 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 6520 93 <sup>rd</sup> STE (Oak Hammock)		<b>3. Mailing Address</b> 6520 93 <sup>rd</sup> SEE (Oak Hammock)			
Suite, Apt. #, etc. Bradenton, FL		Suite, Apt. #, etc. Bradenton, FL 34202			
City & State		City & State			
Zip 34202		Country USA		4. FEI Number 06-1783986	
Zip 34202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  HODGES, PAUL S 2189 LOGAN ST CLEARWATER, FL 33765				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIST, MARGARET J 6520 OAK HAMMOCK DR BRADENTON, FL 34202 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIST, RONALD 6520 OAK HAMMOCK DR BRADENTON, FL 34202 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 *Margaret J List* 4/4/07