

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

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90150 031 ***138.75

DOCUMENT # L06000076383

1. Entity Name

MAI REALTY OF FLORIDA, LLC



Principal Place of Business

1259 W. ATLANTIC BLVD.
#125
POMPANO BEACH FL 33060

Mailing Address

1259 W. ATLANTIC BLVD.
#125
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

20 NAMI LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

MERGERVILLE NJ

4. FEI Number

02-0783778

Applied For

Not Applicable

Zip

Country

Zip

08619

Country

NEW JERSEY

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

INVERSO, MICHAEL
1259 W ATLANTIC BLVD
POMPANO BEACH FL 33069

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 filed applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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 MGRM ☐ Delete
NAME INVERSO, MICHAEL A
STREET ADDRESS 1259 W. ATLANTIC BLVD. #125
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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

Michael Inverso

4/4/08

1-800-355-1214

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

Date

System Phone #