

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109555

FILED
Feb 24, 2009
Secretary of State

Entity Name: SAMUEL & JORGE MACIAS, LLC

Current Principal Place of Business:

4403 GARNER COURT
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

4403 GARNER COURT
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 04-3609058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACIAS, SAMUEL B
4403 GARNER COURT
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACIAS, SAMUEL B
Address: 4403 GARNER COURT
City-St-Zip: FORT PIERCE, FL 34947

Title: MGR () Delete
Name: MACIAS, JORGE S
Address: 4403 GARNER COURT
City-St-Zip: FORT PIERCE, FL 34947

Title: MGR () Delete
Name: MACIAS, LAURA L
Address: 4403 GARNER COURT
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL B MACIAS

MGRM

02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date