FILED
Mar 24, 2008 8:00 am
Secretary of State
02-22-2008 90037 027 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000003110

1. Entity Name
MAC'S COUNTRY STORE & RESTAURANT, LLC

30002655

02152008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
26405 LOBLOLLY BAY RD SW LABELLE, FL 33935	26405 LOBLOLLY BAY RD SW LABELLE, FL 33935
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 20-8188096 ☐ 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
PRIOR & PRIOR, PA 500 5TH AVENUE SOUTH SUITE 511 NAPLES, FL 34102	Name: DAISY RODRIGUEZ ARTEAGA Street Address (P.O. Box Number is Not Acceptable): 26405 LOBOLLY BAY RD SW City: LABELLE, FL FL Zip Code 33935

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] DAISY RODRIGUEZ ARTEAGA 2/19/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTEAGA RODRIGUEZ, DAISY 26405 LOBOLLY BAY RD SW LABELLE, FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
DAISY RODRIGUEZ ARTEAGA