

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008910

Entity Name: MACIK BUILDERS, LLC

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1311 AVALON DRIVE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560617  
ROCKLEDGE, FL 32956 US

**New Mailing Address:**

FEI Number: 26-1864883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FOWLER, BRINK & FOWLER, P.A.  
25 MCLEOD STREET  
MERRITT ISLAND, FL 32953 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: P  
Name: MACIK, JOSEPH JEFFREY  
Address: P.O. BOX 560617  
City-St-Zip: ROCKLEDGE, FL 32956 US

Title: VP  
Name: MACIK, JOSEPH JOHN  
Address: P.O. BOX 560617  
City-St-Zip: ROCKLEDGE, FL 32956 US

Title: S/T  
Name: MACIK, JONI KAY  
Address: P.O. BOX 560617  
City-St-Zip: ROCKLEDGE, FL 32956 US

I hereby 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: JONI K. MACIK

S/T

04/05/2011

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