## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000073220

Entity Name: MACOZA, LLC

City-St-Zip:

NEW YORK, NY 10003

FILED Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3619 WEST SAN JUAN STREET TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 3619 WEST SAN JUAN STREET TAMPA, FL 33629 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHENS, MICHAEL A ESQ. 606 TANANÁ FALL DRIVE RUSKIN, FL 33570 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: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition YORK, MARLENE Name: Name: Address: 3619 WEST SAN JUAN STREET Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: MAYWOOD, COURTNEY J Name: Address: 806 BROAD STREET #1 Address: City-St-Zip: ENDICOTT, NY 13760 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MAYWOOD, ZACHARY S Name: Name: 245 EAST 13TH APT. 10 Address: Address:

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.

City-St-Zip:

SIGNATURE: MARLENE YORK MGRM 03/25/2009