2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088428

Entity Name: MARACOB, LLC

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1590 AMY CIRCLE 2009 APRICOT DRIVE DELTONA, FL 32738 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

1590 AMY CIRCLE 2009 APRICOT DRIVE DELTONA, FL 32738 DELTONA, FL 32725

FEI Number: 26-3698936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COBIELLES, MARTA

1590 AMY CIRCLE

DELTONA, FL 32738 US

COBIELLES, MARTA

2009 APRICOT DRIVE

DELTONA, FL 32725 US

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: 04/25/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 COBIELLES, MARTA
 Name:
 COBIELLES, MARTA

 Address:
 1590 AMY CIRCLE
 Address:
 2009 APRICOT DRIVE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32725

Title: MBR () Delete Title: MGR (X) Change () Addition Name: COBIELLES, LORETO Name: COBIELLES, LORETO

 Name:
 COBIELLES, LORETO
 Name:
 COBIELLES, LORETO

 Address:
 1590 AMY CIRCLE
 Address:
 2009 APRICOT DRIVE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32725

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: MARTA COBIELLES MGRM 04/25/2009