

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094183

Entity Name: MAC OF FLORIDA

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

1801 CORAL WAY  
301  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

4102 ALHAMBRA CR  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 26-3482014      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RAFAEL, SEMIDEY  
671 BILTMORE WAY  
503  
CORAL GABLES, FL 33143 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEMIDEY, RAFAEL E  
Address: 671 BILTMORE WAY #503  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR ( ) Delete  
Name: SEMIDEY, RAFAEL  
Address: 671 BILTMORE WAY #503  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: SEMIDEY, SAUL A  
Address: 8300 OLD COURT HOUSE RD # 230  
City-St-Zip: VIENNA, VA 22182 US

**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: RAFAEL SEMIDEY

P

05/01/2009

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