

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103869

Entity Name: 9MAC LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

1112 WESTON ROAD
SUITE 231
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1112 WESTON ROAD
SUITE 231
WESTON, FL 33326

New Mailing Address:

FEI Number: 26-1498876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARSON, BILLY
1112 WESTON ROAD
SUITE 231
WESTON, FL 33326 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: MGRM () Delete
Name: CARSON, BILLY
Address: 1112 WESTON ROAD SUITE 231
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: MCCARTER, ROBERT
Address: 741 HOLLY AVE APT #14
City-St-Zip: ST PAUL, MN 55104 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERGSTROM, TIM
Address: 2273 WAGON WHEEL COURT
City-St-Zip: MENDOTA HEIGHTS, MN 55120 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CARSON, BILLY
Address: 1112 WESTON ROAD SUITE 231
City-St-Zip: WESTON, FL 33326

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: BILLY CARSON

MGRM

04/07/2009

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