

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116794

Entity Name: MACS 109, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

11409 DONNEYSMOOR DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

11705 BOYETTE ROAD
NO. 423
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

HUMPHRIES, CELENE H
11409 DONNEYSMOOR DRIVE
RIVERVIEW, FL 33569 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: MGR () Delete
Name: HUMPHRIES, AMANDA
Address: 15811 CARLTON LAKE ROAD
City-St-Zip: WIMAUMA, FL 33598 US

Title: MGR () Delete
Name: HUMPHRIES, SEAN V
Address: 11409 DONNEYSMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGR () Delete
Name: HUMPHRIES, CELENE H
Address: 11409 DONNEYSMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569 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: SEAN HUMPHRIES

MGR

05/01/2009

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