

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90077 035 \*\*\*138.75

**DOCUMENT # M05000002120**

1. Entity Name  
**CMAC, LLC**



Principal Place of Business

**2340 E. TRINITY MILLS ROAD, #107  
CARROLLTON, TX 75006**

Mailing Address

**2340 E. TRINITY MILLS ROAD, #107  
CARROLLTON, TX 75006**

**60008940**



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1986707**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C-T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Douglas L. Ducate*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*2/14/08*

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DUCATE, DOUGLAS L  
2340 EAST TRINITY MILLS RD SUITE 100  
CARROLLTON, TX 75006**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VAUGHN, DON S  
2340 EAST TRINITY MILLS RD SUITE 100  
CARROLLTON, TX 75006**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WHITNEY, DAVID E  
2340 EAST TRINITY MILLS RD SUITE 100  
CARROLLTON, TX 75006**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Douglas L. Ducate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-18-08*

Date

*469/574-4000*

Daytime Phone #