

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000006230

1. Entity Name

MAKO COMPRESSORS, LLC



Principal Place of Business

**1634 SW 17TH STREET
OCALA, FL 34471**

Mailing Address

**1634 SW 17TH STREET
OCALA, FL 34471**



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8704906

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRITTS, MILTON
STREET ADDRESS	1634 SW 17TH STREET
CITY- ST- ZIP	OCALA, FL 34471
TITLE	MGR
NAME	MONN, GAVIN
STREET ADDRESS	130 FOX DRIVE
CITY- ST- ZIP	PIQUA, OH 45356
TITLE	MGR
NAME	DUNSON, SUSAN
STREET ADDRESS	130 FOX DRIVE
CITY- ST- ZIP	PIQUA, OH 45356
TITLE	MGR
NAME	SANDERS, NICHOLAS I.B.
STREET ADDRESS	HUGNENDEN AVE
CITY- ST- ZIP	HIGH WYCOMBE BUCKS, HP13 58F
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/04/08-80029-003 143.75

**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:

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

2.20.08

Date

352-732-2268

Daytime Phone #