

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001758

**Entity Name:** SYDMAC, LLC

**Current Principal Place of Business:**

1019 TOWN CENTER DRIVE  
SUITE 201  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1019 TOWN CENTER DRIVE  
SUITE 201  
ORANGE CITY, FL 32763 US

**FEI Number:** 01-0689064

**Certificate of Status Desired:** No

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

BOOKER, KIM C  
1019 TOWN CENTER DRIVE  
SUITE 201  
ORANGE CITY, FL 32763 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

**Authorized Person(s) Detail :**

Title MGRM  
Name BOOKER, KIM C  
Address 1019 TOWN CENTER DRIVE, SUITE  
201  
City-State-Zip: ORANGE CITY FL 32763

Title MGRM  
Name CHILDRESS, KANDI  
Address P.O. BOX 109  
City-State-Zip: HOPE ID 83836

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIM C. BOOKER**

**MANAGER**

**03/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date