# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000158005

#### Entity Name: MAC BRUSTERS, LLC

## Current Principal Place of Business:

2660 SOUTH OCEAN BOULEVARD UNIT 706S PALM BEACH, FL 33480

### **Current Mailing Address:**

5598 WEST COLONIAL ST ATTN ANNA RIBIERO ORLANDO, FL 32808 US

## FEI Number: 47-5155079

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

ANDRADE, CARLOS P 2660 SOUTH OCEAN BOULEVARD UNIT 706S PALM BEACH, FL 33480 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

# Authorized Person(s) Detail :

Authorized F	Person(s) Detail :		
Title	MGR	Title	MGR
Name	ANDRADE, CARLOS P	Name	RIBEIRO, CARLOS
Address	2660 SOUTH OCEAN BOULEVARD, UNIT 706S	Address	2660 SOUTH OCEAN BOULEVARD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480
Title	MGR	Title	MGR
Name	CAVALLO, DIANE	Name	CAVALLO, MICHAEL
Address	2660 SOUTH OCEAN BOULEVARD, UNIT 706S	Address	2660 SOUTH OCEAN BOULEVARD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480
Title	MGR	Title	MGR
Name	DACOSTA, TANYA	Name	DACOSTA, CHRISTOPHER
Address	2660 SOUTH OCEAN BOULEVARD, UNIT 706S	Address	2660 SOUTH OCEAN BOULEVARD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480
Title	MGR	Title	MGR
Name	DIPIETRO, LINDSEY	Name	DIPIETRO, ALEXANDER
Address	2660 SOUTH OCEAN BOULEVARD UNIT 706S	Address	2660 SOUTH OCEAN BOULEVARD UNIT 706S
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480

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	: MICHAEL CAVALLO	MEMBER	01/11/2018
	Electronic Signature of Signing Authorized Person(s) Detail		Date

# FILED Jan 11, 2018 Secretary of State CC7638782142

Certificate of Status Desired: No

Date