

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000024004

Entity Name: MAC LM II, LLC**Current Principal Place of Business:**2660 S OCEAN BLVD, UNIT 706S
PALM BEACH, FL 33480**Current Mailing Address:**5598 WEST COLONIAL DRIVE
ATTN ANNA RIBIERO
ORLANDO, FL 32808 US**FEI Number:** 81-5044730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDRADE, CARLOS P
2660 S OCEAN BLVD, 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_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	ANDRADE, CARLOS P
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	RIBEIRO, CARLOS
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	CAVALLO, DIANE
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	CAVALLO, MICHAEL
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	DACOSTA, TANYA
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	DACOSTA, CHRISTOPHER
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	DIPIETRO, LINDSEY
Address	2660 S OCEAN BLVD, UNIT 706S
City-State-Zip:	PALM BEACH FL 33480

Title	MGR
Name	DIPIETRO, ALEXANDER
Address	2660 S OCEAN BLVD, UNIT 706S
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**MANAGER****01/20/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date