2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000615

1. Entity Name

MCCLANE HOUSE LLC



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90569 037 ****50.00

								
Principal Place of Business		Mailing Address	Mailing Address					
215 E LIVINGSTON STREET ORLANDO FL 32801		215 E LIVINGSTON STREE ORLANDO FL 32801	215 E LIVINGSTON STREET ORLANDO FL 32801			~~	AAAA14	
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3702154			Applied For
Zip	Country	Zip	Country		5. Certificate of St.	atus Desired		Not Applicable Additional
	6. Name and Address of Curr	ent Registered Agent	raistered Agent		Fee Required 7: Name and Address of New Registered Agent			equired
		ent negistelet Ageilt.	 	Name	7:-Name and Add	ess of New Reg	jistered Agent	
MC	CLANE, J. BROCK		Name					
215	E LIVINGSTON STREET ANDO FL 32801		Street Add		ess (P.O. Box Number is Not Acceptable)			
·			City					Code
8. The above the obligation	e named entity submits this statemen tions of registered agent.	nt for the purpose of changing its	s registered	office or register	red agent, or both, in t	ne State of Florid	la. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered ag				APPR	JVED		
	organizate, typed of printed frame of registered ag	gent and title it applicable. (NOT	E: Registered Ag	gent signature required	when reinstating)		DATE	
		Make Check Payab	OW!!! FE le to Flori e By May	E IS \$50.00 da Departme	nt of State			
9.	MANAGING MEN	BERS/MANAGERS				<u> </u>		
TITLE	MGR		10.		FROOK	ADDITIONS/CH	KNGES	
NAME	MCCLANE, BROCK J	☐ Delete	TITLE	-	g garagan (sagangan) 	The contract of the contract o	Chai	nge 🗌 Addition 🛭
STREET ADDRESS	215 E LIVINGSTON STREET		NAME					
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TITLE								
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NAME			NAME				Chang	ge 🗌 Addition
STREET ADDRESS			STREET AD	DRESS				
CITY-ST-ZIP			CITY-ST-Z	TIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

18/03 407 872.660