

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066962

Entity Name: MCCLANATHAN, BURG & ASSOCIATES, LLC**Current Principal Place of Business:**150 SECOND AVENUE NORTH
600
ST. PETERSBURG, FL 33701**Current Mailing Address:**150 SECOND AVENUE NORTH
600
ST. PETERSBURG, FL 33701 US**FEI Number:** 51-0597487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURG, C. TODD
150 SECOND AVENUE NORTH
600
ST. PETERSBURG, FL 33701 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 C. TODD BURG, CPA, P.A.
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR
Name BURG, C. TODD
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

Title MEMBER
Name GLEASON, AMY
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

Title MEMBER
Name HOBERT, ASHLEE
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

Title MEMBER
Name JOHNSTON, DEBBY
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

Title MEMBER
Name HORNSBY, KRISAN
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

Title MEMBER
Name KELLEY, SHANNON
Address 150 SECOND AVENUE NORTH
600
City-State-Zip: ST. PETERSBURG FL 33701

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: C. TODD BURG

MANAGING MEMBER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date