2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2025
Secretary of State
9441251628CC

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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	Title	MGR
Name	C. TODD BURG, CPA, P.A.	Name	BURG, C. TODD
Address	150 SECOND AVENUE NORTH 600	Address	150 SECOND AVENUE NORTH 600
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	ST. PETERSBURG FL 33701
Title	MEMBER	Title	MEMBER
Name	GLEASON, AMY	Name	HOBERT, ASHLEE
Address	150 SECOND AVENUE NORTH 600	Address	150 SECOND AVENUE NORTH 600
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	ST. PETERSBURG FL 33701
Title	MEMBER	Title	MEMBER
Name	JOHNSTON, DEBBY	Name	LANCE, KRISAN
Address	150 SECOND AVENUE NORTH 600	Address	150 SECOND AVENUE NORTH 600
City-State-Zip:	ST. PETERSBURG FL 33701	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 01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date