

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119006

**Entity Name:** E.T. MCARDLE ASSOCIATES, LLC.

**FILED**  
**Feb 18, 2020**  
**Secretary of State**  
**9450328501CC**

**Current Principal Place of Business:**

1 LAS OLAS CIRCLE  
SUITE 301  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1 LAS OLAS CIRCLE  
SUITE 301  
FORT LAUDERDALE, FL 33316 US

**FEI Number: 26-1480085**

**Certificate of Status Desired: No**

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

MCARDLE, JACQUELINE  
1 LAS OLAS CIRCLE  
SUITE 301  
FORT LAUDERDALE, FL 33316 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:** JACQUELINE MCARDLE

02/18/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MCARDLE, ROSEMARIE  
Address 1 LAS OLAS CIRCLE SUITE 301  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGRM  
Name MCARDLE, JACQUELINE  
Address 1 LAS OLAS CIRCLE #301  
City-State-Zip: FORT LAUDERDALE, FL 33316

Title MGRM  
Name MCARDLE OQUENDO, CHRISTINE  
MARY  
Address 1 LAS OLAS CIRCLE  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** JACQUELINE MCARDLE

**MANAGER**

02/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date