

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119006

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

**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, EDWARD T  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

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

Title AMBR  
Name MCARDLE OQUENDO, CHRITINE  
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:** EDWARD T. MCARDLE

**PRESIDENT**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date