## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084523

**Entity Name: MCCALE LLC** 

**Current Principal Place of Business:** 

5313 CREEKMUR DR LAKELAND. FL 33812

**Current Mailing Address:** 

5313 CREEKMUR DRIVE LAKELAND. FL 33812 US

FEI Number: 26-3358781 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAW OFFICES OF MARY W. KAPLAN, PL 7635 ASHLEY PARK COURT SUITE 503-V ORLANDO, FL 32835 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: MARY KAPLAN 08/30/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

FOUNTAINE, VALARIE COOPER Name Name FORCIER, KRISTA COOPER

Address 2316 HARVEST VISTA LANE Address 14234 CLUBHOUSE RD City-State-Zip: GAINESVILL VA 20155 City-State-Zip: FALLBROOK CA 92028

Title **MGRM** 

Name KING, BRITTANY

Address 1879 OAKWOOD TRAIL City-State-Zip: MELBOURNE FL 32934

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: VALARIE FOUNTAINE

MANAGER

08/30/2019

**FILED** Aug 30, 2019

**Secretary of State** 

2492472776CC

Electronic Signature of Signing Authorized Person(s) Detail

Date