

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023972

**Entity Name:** MC CAPITAL ADVISORS LLC

**Current Principal Place of Business:**

55 MERRICK WAY  
216  
CORAL GABLES, FL 33134

**Current Mailing Address:**

55 MERRICK WAY  
216  
CORAL GABLES, FL 33134

**FEI Number:** 27-2057272

**Certificate of Status Desired:** No

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

CLAURE, MARTIN  
5736 SAN VICENTE STREET  
CORAL GABLES, FL 33146 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	S
Name	CLAURE, MARTIN	Name	CLAURE, MARTIN
Address	200 SE 1ST STREET STE 502	Address	200 SE 1ST STREET STE 502
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTIN CLAURE

**MGR**

**04/16/2013**

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

\_\_\_\_\_  
Date