

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000017254

**Entity Name:** MACVICAR REAL ESTATE, LLC

**Current Principal Place of Business:**

3991 W. GULF TO LAKES HWY  
LECANTO, FL 34461

**Current Mailing Address:**

P.O. BOX 2050  
LECANTO, FL 34460

**FEI Number:** 27-5250747

**Certificate of Status Desired:** No

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

HENDEE, MCKERNAN, SCHROEDER, WILKERSON & HENDEE, PA  
1700 SOUTH MACDILL AVENUE, STE 200  
TAMPA, FL 33629 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:** MATTHEW R SCHROEDER

03/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                       |
|-----------------|------------------------------|-----------------|-----------------------|
| Title           | MGR                          | Title           | P                     |
| Name            | OLSEN FAMILY INVESTMENTS LLC | Name            | CAPPUCCILLI, JOSEPH G |
| Address         | PO BOX 2050                  | Address         | PO BOX 2050           |
| City-State-Zip: | LECANTO FL 34460             | City-State-Zip: | LECANTO FL 34460      |
|                 |                              |                 |                       |
| Title           | VP/S/T                       |                 |                       |
| Name            | TAYLOR, MARINA C             |                 |                       |
| Address         | PO BOX 2050                  |                 |                       |
| City-State-Zip: | LECANTO FL 34460             |                 |                       |

*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:** MARINA C TAYLOR

VP

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date