

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000017254

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**3759920085CC**

**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:**

BRETT HENDEE, ESQUIRE  
C/O BRETT HENDEE, P.A.  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name OLSEN FAMILY INVESTMENTS LLC  
Address PO BOX 2050  
City-State-Zip: LECANTO FL 34460

Title P  
Name CAPPUCCILLI, JOSEPH G  
Address PO BOX 2050  
City-State-Zip: LECANTO FL 34460

Title VP/S  
Name TAYLOR, MARINA C  
Address PO BOX 2050  
City-State-Zip: LECANTO FL 34460

Title T  
Name RIEGLER, MICHAEL  
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:** BRUCE A. OLSEN

**MM**

**04/05/2019**

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

\_\_\_\_\_  
Date