#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000056958

**Entity Name: MCCL LLC** 

Jan 29, 2024 **Secretary of State** 9397390244CC

**FILED** 

#### **Current Principal Place of Business:**

8251 PASCAL DRIVE PUNTA GORDA FL 33950

## **Current Mailing Address:**

8251 PASCAL DRIVE

PUNTA GORDA. FL 33950 US

FEI Number: 45-2276739 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

TAX SAVERS 1300 ENTERPRISE DRIVE SUITE A PORT CHARLOTTE, FL 33953 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:

SIGNATURE: MARK SAFFRAN

Title **AMBR** Title **AMBR** 

SAFFRAN, CARY Name Name SAFFRAN, MARK S Address 8251 PASCAL DRIVE Address 8251 PASCAL DRIVE City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

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.

Electronic Signature of Signing Authorized Person(s) Detail

01/29/2024 OWNER/PRESIDENT