

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085882

**Entity Name:** BURR-MACDOWELL COMMACK, LLC

**Current Principal Place of Business:**

481 SAILFISH COVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

481 SAILFISH COVE  
SATELLITE BEACH, FL 32937

**FEI Number: 11-6136298**

**Certificate of Status Desired: Yes**

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

MACDOWELL, LOUIS GARDNER III  
481 SAILFISH COVE  
SATELLITE BEACH, FL 32937 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:** LOUIS G. MACDOWELL III

01/14/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MACDOWELL III, LOUIS G  
Address        481 SAILFISH COVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title           SECRETARY  
Name           MACDOWELL, VALERIE HOLMES  
Address        481 SAILFISH COVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title           MANAGER  
Name           BURR VI, CARLL S  
Address        3553 W. HIGGINS DRIVE  
City-State-Zip: MOUNT PLEASANT SC 29466

*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:** LOUIS G. MACDOWELL III

**MANAGING MEMBER**

01/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date