

2022 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:** No**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

04/06/2022

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	1016 HANOVER CT.
City-State-Zip:	EL DORADO HILLS CA 95762

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: VALERIE MACDOWELL

SECRETARY

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date