Current Mai	ling Address:			
481 SAILFISH COVE				
SATELLITE BEACH, FL 32937				
FEI Number: 11-6136298 Certificate of Status Desired				
			Certificate of Status Desired	1: 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	E: LOUIS G. MACDOWELL III		01	1/14/2017
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Authorized	Person(s) Detail : MANAGER	Title	SECRETARY	
		Title Name	SECRETARY MACDOWELL, VALERIE HOLMES	
Title	MANAGER			
Title Name	MANAGER MACDOWELL III, LOUIS G 481 SAILFISH COVE	Name	MACDOWELL, VALERIE HOLMES 481 SAILFISH COVE	
Title Name Address City-State-Zip:	MANAGER MACDOWELL III, LOUIS G 481 SAILFISH COVE SATELLITE BEACH FL 32937	Name Address	MACDOWELL, VALERIE HOLMES 481 SAILFISH COVE	
Title Name Address City-State-Zip: Title	MANAGER MACDOWELL III, LOUIS G 481 SAILFISH COVE SATELLITE BEACH FL 32937 MANAGER	Name Address	MACDOWELL, VALERIE HOLMES 481 SAILFISH COVE	
Title Name Address City-State-Zip:	MANAGER MACDOWELL III, LOUIS G 481 SAILFISH COVE SATELLITE BEACH FL 32937	Name Address	MACDOWELL, VALERIE HOLMES 481 SAILFISH COVE	
Title Name Address City-State-Zip: Title	MANAGER MACDOWELL III, LOUIS G 481 SAILFISH COVE SATELLITE BEACH FL 32937 MANAGER	Name Address	MACDOWELL, VALERIE HOLMES 481 SAILFISH COVE	
Title Name Address City-State-Zip: Title Name	MANAGER MACDOWELL III, LOUIS G 481 SAILFISH COVE SATELLITE BEACH FL 32937 MANAGER BURR VI, CARLL S	Name Address	MACDOWELL, VALERIE HOLMES 481 SAILFISH COVE	

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

Electronic Signature of Signing Authorized Person(s) Detail

# 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 Meiling Address

## FILED Jan 14, 2017 **Secretary of State** CC0923794665

01/14/2017

MANAGING MEMBER

Date