| Current Mai  | ling Address:   |                 |   |     |
|--|---|-----------------|---|-----|
| 481 SAILFIS<br>SATELLITE   | H COVE<br>BEACH, FL 32937   |                 |   |     |
| FEI Number: 11-6136298   |   |                 | Certificate of Status Desired: Yes                          | 6   |
| Name and A   | ddress of Current Registered Agent:   |                 |   |     |
| MACDOWELL, LOUIS GARDNER III<br>481 SAILFISH COVE<br>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  |   |                 | 01/31/2   | 018 |
|  | Electronic Signature of Registered Agent  |                 | Date  |     |
|  | Electronic dignature of Registered Agent  |                 | Date  |     |
| Authorized   | Person(s) Detail :  |                 | 240   |     |
| Authorized   |   | Title           | SECRETARY   |     |
|  | Person(s) Detail :  | Title<br>Name   |   |     |
| Title  | Person(s) Detail :<br>MANAGER   |                 | SECRETARY   |     |
| Title<br>Name  | Person(s) Detail :<br>MANAGER<br>MACDOWELL III, LOUIS G<br>481 SAILFISH COVE  | Name<br>Address | SECRETARY<br>MACDOWELL, VALERIE HOLMES                      |     |
| Title<br>Name<br>Address   | Person(s) Detail :<br>MANAGER<br>MACDOWELL III, LOUIS G<br>481 SAILFISH COVE  | Name<br>Address | SECRETARY<br>MACDOWELL, VALERIE HOLMES<br>481 SAILFISH COVE |     |
| Title<br>Name<br>Address<br>City-State-Zip:  | Person(s) Detail :<br>MANAGER<br>MACDOWELL III, LOUIS G<br>481 SAILFISH COVE<br>SATELLITE BEACH FL 32937            | Name<br>Address | SECRETARY<br>MACDOWELL, VALERIE HOLMES<br>481 SAILFISH COVE |     |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title   | Person(s) Detail :<br>MANAGER<br>MACDOWELL III, LOUIS G<br>481 SAILFISH COVE<br>SATELLITE BEACH FL 32937<br>MANAGER | Name<br>Address | SECRETARY<br>MACDOWELL, VALERIE HOLMES<br>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: VALERIE H MACDOWELL

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

## 2018 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

FILED Jan 31, 2018 **Secretary of State** CC1462518420

Date

SECRETARY