

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000023210

**Entity Name:** MACLAWRAN LLC

**Current Principal Place of Business:**

1419 ATLANTIC BLVD #1  
KEY WEST, FL 33040

**Current Mailing Address:**

1419 ATLANTIC BLVD #1  
KEY WEST, FL 33040

**FEI Number:** 45-4559821

**Certificate of Status Desired:** No

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

MACGUIRE, SEAN  
1419 ATLANTIC BLVD #1  
KEY WEST, FL 33040 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 :**

Title MGRM  
Name MACGUIRE, SEAN  
Address 1419 ATLANTIC BLVD #1  
City-State-Zip: KEY WEST FL 33040

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEAN MACGUIRE

**DIRECTOR**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date