

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000142408

Entity Name: MCBEARDS LLC**Current Principal Place of Business:**429 SE 1ST ST.
GAINESVILLE, FL 32601**Current Mailing Address:**429 SE 1ST ST.
GAINESVILLE, FL 32601 US**FEI Number:** 46-3734850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRAILE, CHRISTIAN A
1031 NW 6TH STREET
A-2
GAINESVILLE, FL 32601 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	MCMULLEN, JEFFREY
Address	429 SE 1ST ST.
City-State-Zip:	GAINESVILLE FL 32601

Title	MGRM
Name	MCMULLEN, WADE
Address	429 SE 1ST ST.
City-State-Zip:	GAINESVILLE FL 32601

Title	CFO
Name	STEINBERG, ANDY
Address	600 NE 11TH ST
City-State-Zip:	GAINESVILLE FL 32601

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: ANDY STEINBERG

CFO

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date