MADEIRA BEA	CH, FL 33708			
Current Ma	iling Address:			
15215 GULI MADEIRA E	F BLVD BEACH, FL 33708 US			
FEI Number: NOT APPLICABLE Certificate of State			Certificate of Status Des	sired: No
Name and A	Address of Current Registered Agent:			
15215 GULF B	, KATHRYN CARREL LVD JCH, FL 33708 US			
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	orida.
The above name		istered office or regis	tered agent, or both, in the State of Fl	orida. 02/09/2019
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	
The above name SIGNATUR	ed entity submits this statement for the purpose of changing its reg E: KATHRYN C MCCLINTOCK	istered office or regis	tered agent, or both, in the State of Fl	02/09/2019
The above name SIGNATUR	ed entity submits this statement for the purpose of changing its reg E: KATHRYN C MCCLINTOCK Electronic Signature of Registered Agent	ristered office or regis	tered agent, or both, in the State of Fl	02/09/2019
The above name SIGNATUR Authorized	ed entity submits this statement for the purpose of changing its reg E: KATHRYN C MCCLINTOCK Electronic Signature of Registered Agent <b>Person(s) Detail :</b> AMBR REVOCABLE LIVING TRUST OF			02/09/2019
The above name SIGNATUR Authorized Title	ed entity submits this statement for the purpose of changing its reg E: KATHRYN C MCCLINTOCK Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	02/09/2019
The above name SIGNATUR Authorized Title	ed entity submits this statement for the purpose of changing its reg E: KATHRYN C MCCLINTOCK Electronic Signature of Registered Agent <b>Person(s) Detail :</b> AMBR REVOCABLE LIVING TRUST OF KATHRYN MCCLINTOCK DATED	Title Name	AMBR MCCLINTOCK, SARA 15215 GULF BLVD	02/09/2019

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: KATHRYN C MCCLINTOCK

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000141400 Entity Name: MCCLINTOCK BUILDING LLC

## **Current Principal Place of Business:**

15215 GULF BLVD

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Feb 09, 2019

## **Secretary of State** 1166456045CC

OWNER