

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000239023

**Entity Name:** MCCREARY MANAGEMENT LLC

**Current Principal Place of Business:**

716 WHITE PINE AVE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

716 WHITE PINE AVE  
ROCKLEDGE, FL 32955 US

**FEI Number:** 85-2162784

**Certificate of Status Desired:** No

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

MCCREARY, JACOB  
716 WHITE PINE AVE  
ROCKLEDGE, FL 32955 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 MGR  
Name MCCREARY, JACOB  
Address 716 WHITE PINE AVE  
City-State-Zip: ROCKLEDGE FL 32955

*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:** JACOB MCCREARY

04/30/2024

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

\_\_\_\_\_ Date