2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L00000000401

1. Entity Name MCGOVERN HOLDINGS, L.L.C.



FILED

Apr 06, 2004 8:00 am Secretary of State

04-06-2004 90129 009 ****50.00

Senson's.

Principal Place of Business C/O WEBSTER & PARTNERS, P.L.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

C/O WEBSTER & PARTNERS, P.L.

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03102004 Chg-LLC CR2E083 (10/03) City & State City & St	WINTER PARK		WINTER PARK, FL 3278		
City & State Country Country Country Country Country Country Country Country S. Country	2. Principal Place of Business		3. Mailing Address		
Sp-3619216 Not Applicable	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102004 Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and tile if applicable. 6. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FIlling Fee is \$50.00 Due by May 1, 2004 Florida: Department of State For Idange Agent street Agent streathed when refusating) P. MANAGING MEMBERS/MANAGERS MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Florida: Department of State MGRPST MGRPST MGRPST MGRPST MGR	City & State		City & State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and idle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu			Name		1
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) CATE	1936 LEE (ROAD, SUITE 101	Street Add		Address (P.O. Box Number is Not Acceptable)
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				City	FL Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State Florida			or the purpose of changing its	egistered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition