

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004862

Entity Name: MCGOVERN CAPITAL LLC

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

C/O MATTEIS & CHRISTOPHER, P.A.  
29 S.E. FIFTH STREET  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MATTEIS & CHRISTOPHER, P.A.  
29 S.E. FIFTH STREET  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 65-1028503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATTEIS & CHRISTOPHER, P.A.  
29 S.E. FIFTH STREET  
BOCA RATON, FL 33432 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PSTD  
Name: MCGOVERN, KEVIN  
Address: 29 SE 5TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: VAS  
Name: MATTEIS, JOHN J  
Address: 29 SE 5TH STREET  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information indicated on this 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.

SIGNATURE: JOHN J. MATTEIS

\_\_\_\_\_  
VAS

\_\_\_\_\_  
03/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date