

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90010 012 ****50.00

DOCUMENT # L00000007368

1. Entity Name

MCALPIN GROUP, LLC



Principal Place of Business

**205 EAST INTENDENCIA STREET
PENSACOLA FL 32501**

Mailing Address

**205 EAST INTENDENCIA STREET
PENSACOLA FL 32501**

2. Principal Place of Business

25 W. Cedar St

3. Mailing Address

PO Box 111

Suite, Apt. #, etc.

Suite 313

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

Zip

32501

Country

4. FEI Number

59-3673534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCALPIN, RICHARD R
205 EAST INTENDENCIA STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Richard R. McAlpin**
Street Address (P.O. Box Number is Not Acceptable)
25 W. Cedar St, Suite 313
City **Pensacola** FL Zip Code **32501**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MCALPIN, RICHARD R**
STREET ADDRESS **205 E INTENDENCIA STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **25 W. Cedar St, Suite 313**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/24/03 (850) 432-1090

CR2E083 (10/02)