

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008435

1. Entity Name

MERRIGAN & CASSIDY, LLC

FILED

01 JUN 11 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

Principal Place of Business

Mailing Address

C.M.R. RECORDS  
28 MOLES WORTH STREET  
DUBLIN 2, IRELAND

~~C.M.R. RECORDS~~  
~~MOLES WORTH STREET~~  
~~DUBLIN 2, IRELAND~~

2. Principal Place of Business

3. Mailing Address

215 NORTH EOLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ORLANDO, FLORIDA

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

32801

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL A. RYAN  
215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MRGM  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGING MEMBER  
ANN MERRIGAN  
28 MOLES WORTH STREET  
DUBLIN 2, IRELAND

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MRGM  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGING MEMBER  
PETER CASSIDY  
28 MOLES WORTH STREET  
DUBLIN 2, IRELAND

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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.

ANN MERRIGAN

SIGNATURE:

*Ann Merrigan*

4/30/01

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

Date

Daytime Phone #

CR2E083 (11/00)