9/25/2002-90116-019-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008435

1. Entity Name
MERRIGAN & CASSIDY LLC

FILED
02 OCT 10 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C.M.R. RECORDS, 28 MOLES WORTH STREET
DUBLIN 2, IRELAND

Mailing Address
215 NORTH EOLA DRIVE
ORLANDO FL 32801

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip
Country

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RYAN, MICHAEL
215 N. EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
(NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	MERRIGAN, ANN	
STREET ADDRESS	28 MOLES WORTH STREET	
CITY-ST-ZIP	DUBLIN 2, IRELAND	
TITLE	MGRM	☐ Delete
NAME	CASSIDY, PETER	
STREET ADDRESS	28 MOLES WORTH STREET	
CITY-ST-ZIP	DUBLIN 2, IRELAND	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Ann Merrigan 11th Sept. 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ANN MERRIGAN