

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90081 019 *****50.00

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DOCUMENT # L00000008435

1. Entity Name

MERRIGAN & CASSIDY LLC



Principal Place of Business

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

Mailing Address

**215 NORTH EOLA DRIVE
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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 NAME ☐ Delete

**MGRM
MERRIGAN, ANN
28 MOLES WORTH STREET
DUBLIN 2, IRELAND**

TITLE NAME ☐ Delete

**MGRM
CASSIDY, PETER
28 MOLES WORTH STREET
DUBLIN 2, IRELAND**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE REQUIRED

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

29/01/03

Date

0035316766718

Daytime Phone #

CR2E083 (10/02)