

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011200

Entity Name: MCCOMCO, L.L.C.

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1055 SUGARTREE LN S  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

1055 SUGARTREE LN S  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 59-3677744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COFFMAN, KATHLEEN M MGRM  
1055 SUGARTREE LN S  
LAKELAND, FL 33813 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: MGRM  
Name: KATHLEEN M COFFMAN REVOCABLE LIVING TRUST  
Address: 1120 SUGARTREE LANE SOUTH  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM  
Name: DENETTE M SCHWEIKERT REVOCABLE TRUST  
Address: 1211 E. NEW HAVEN AVE. #704  
City-St-Zip: MELBOURNE, FL 32901 US

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: KATHLEEN M COFFMAN

MGRM

03/26/2011

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