2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2003 8:00 am
Secretary of State
04-23-2003 90128 029 ****50.00

DOCUMENT # L00000011200

1. Entity Name
MCCOMCO, L.L.C.

44005196

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
5515 SCOTT VIEW LN LAKELAND FL 33813	5515 SCOTT VIEW LN LAKELAND FL 33813

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 59-3677744 ☐ Applied For ☐ Not Applicable

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
MCCONNELL, PATRICK D 5515 SCOTTVIEW LN LAKELAND FL 33813	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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUANE F. MCCONNELL REVOCABLE LIVING TRUST 2605 JONILA AVENUE LAKELAND FL 33803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MARTHA V MCCONNELL MARITAL EXEMPT TRUST 5515 SCOTT VIEW LN LAKELAND, FL 33813 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MARTHA V MCCONNELL REVOCABLE LIVING TRUST 2605 JONILA AVENUE LAKELAND FL 33803 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MARTHA V MCCONNELL MARITAL NON-EXEMPT TRUST 5515 SCOTT VIEW LN LAKELAND, FL 33813 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M – SEC / TREASURER KATHLEEN MCCONNELL COFFMAN REVOCABLE LIVIN 5515 SCOTT VIEW LANE LAKELAND FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SCHWEIKERT, DENETTE M TRUSTEE 651 LOGGERHEAD DRIVE SATELLITE BEACH FL 32937 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MCCONNELL, FREDERICK J 4406 SOUTH FLORIDA AVE., SUITE 16 LAKELAND FL 33813 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM → EXEC VP ~~TRUSTABLE~~ PATRICK D MCCONNELL 5515 SCOTT VIEW LANE REVOCABLE TRUST LAKELAND FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] SIGNATURE REQUIRED PATRICK D MCCONNELL 1/17/03 (863) 644-6396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #