

2001 UNIFORM BUSINESS REPORT (UBR)

0021550 AF

DOCUMENT # L00000014390

1. Entity Name
MCCS, LLC

FILED

01 FEB 22 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
201 21ST AVENUE WEST
BRADENTON FL 34205

Mailing Address
201 21ST AVENUE WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address
5900 S. TAMiami TRAIL
SUITE # I

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota FL

4. FEI Number

605-1056075

Applied For
Not Applicable

Zip

Country

Zip

Country

34231

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name CATHERINE L. ASTRONSKAS
Street Address (P.O. Box Number is Not Acceptable)
5900 S. TAMiami TRAIL
SUITE # I
City Sarasota FL Zip Code 34231

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

Catherine L. Astronskas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
NAME MILLER, SANDRA
STREET ADDRESS 201 21ST AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300003782879-6
-02/27/01--01078--025
*****50.00 *****50.00

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
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.

SIGNATURE:

Sandra Miller

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

Date

Daytime Phone #

2/19/01

CR2E083 (11/00)