

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90137 043 \*\*\*\*50.00

**DOCUMENT # L00000014685**

1. Entity Name

**N. CRAIG MCALLISTER AND LAURIE S. MCALLISTER, LLC**



Principal Place of Business

**2929 STEELING LN  
SARASOTA FL 34231**

Mailing Address

**2929 STEELING LN  
SARASOTA FL 34231**

2. Principal Place of Business

**3635 Radnor Place**  
Suite, Apt. #, etc.

3. Mailing Address

**3635 Radnor Place**  
Suite, Apt. #, etc.

City & State

**Sarasota, Florida**

City & State

**Sarasota Florida**

4. FEI Number

**59-1558853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCOVILL, H. WILLIAM  
1605 MAIN ST., STE. 912  
SARASOTA FL 34236**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCALLISTER, N. CRAIG	
STREET ADDRESS	3635 RADNOR PLACE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCALLISTER, LAURA	
STREET ADDRESS	3635 RADNOR PLACE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCALLISTER, BRIAN C	
STREET ADDRESS	3716 WARREN RIDGE ST	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

**N. CRAIG MCALLISTER**  
**1/28/05 941-377-9120**