

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90116 033 ****50.00

DOCUMENT # L01000002452

1. Entity Name

MCMULLEN, LLC

Principal Place of Business

Mailing Address

**7208 SAND LAKE ROAD
SUITE 302
ORLANDO FL 32819****7208 SAND LAKE ROAD
SUITE 302
ORLANDO FL 32819**

2. Principal Place of Business

719 Peachtree Road

3. Mailing Address

215 Celebration Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32804

City & State

Celebration, FL 34747

Zip

Country

Zip

Country

4. FEI Number

30-0021122

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ANDERSON, WENDY ESQ.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32819**

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 Department of State
Due By September 25, 2002**

CR2E083 (4/02)

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM MCMULLEN, EDWIN H SR. 7208 SAND LAKE ROAD ORLANDO FL 32819		MGRM MCMULLEN, EDWIN H SR. 215 CELEBRATION PLACE, SUITE 250 CELEBRATION, FL 34747	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Edwin McMullen, Sr.**

09/23/02

321.939.4773.

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

Date

Daytime Phone #