

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90038 010 ****50.00

DOCUMENT # L01000008014

1. Entity Name
MAGUIRE EXECUTIVE GROUP, LLC



Principal Place of Business
12410 SULLIVAN ROAD
CLERMONT, FL 34715

Mailing Address
12410 SULLIVAN ROAD
CLERMONT, FL 34715

2. Principal Place of Business
11520 Kanuba CT
Suite, Apt. #, etc.

3. Mailing Address
11520 Kanuba CT
Suite, Apt. #, etc.

City & State
CLERMONT FL
Zip
34715
Country
LAKE

City & State
CLERMONT, FL
Zip
34715
Country
LAKE

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3730540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWERS, JAMES
12410 SULLIVAN ROAD
CLERMONT, FL 34715

7. Name and Address of New Registered Agent

Name
JAMES W. HARRISON
Street Address (P.O. Box Number is Not Acceptable)
11520 Kanuba CT
City
CLERMONT, FL Zip Code
34715

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

James W. Harrison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOWERS, JAMES E
12410 SULLIVAN ROAD
CLERMONT, FL 34715 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRISON, JAMES W
11520 KANUBA CT
CLERMONT, FL 34715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

James W. Harrison

Date

4/10/06

Daytime Phone #