

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000008719**1. Entity Name  
**MCKINSEY, L.L.C.****FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90246 045 \*\*\*\*50.00

Principal Place of Business

**500 SE FORT KING STREET  
OCALA FL 34478**

Mailing Address

**500 SE FORT KING STREET  
OCALA FL 34478**

2. Principal Place of Business

**504 S.E. 8th Street**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2138**

Suite, Apt. #, etc.

City &amp; State

**Ocala, Fl**

City &amp; State

**Ocala, Fl**

4. FEI Number

**59-3722273**

Applied For

Not Applicable

Zip

**34472**

Country

**USA**

Zip

**34478-3178**

Country

**USA**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

**MILLHORN, MICHAEL D  
C/O THE MILLHORN LAW FIRM  
13710 US 441, SUITE 100  
LADY LAKE FL 32159**

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**

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 type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGRM DIORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA FL 34480</b>	<input type="checkbox"/>		
<b>MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD OCALA FL 34480</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:****Carol R. McKinsey****Carol R. McKinsey, MGRM****7-10-02****352/671-6700**

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

Date

Daytime Phone #

CR2E083 (4/02)