2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 05, 2007 8:00 am Secretary of State

DOCUMENT # L0100008719 1. Entity Name MCKINSEY, L.L.C.					07-05-2007 90154 045 ****50.00				
Principal Plac	ce of Business	Mailing Address			i i				
504 SE 8TH OCALA, FL 3	STREET	P.O. BOX 2138 OCALA, FL 34478			40	122654			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			07022007	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State			4. FEI Number 59-372) -	oplied For
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered	Agent	
NICHORN MONTH O			İ	Name					
C/O THE N 13710 US	N, MICHAEL D MILLHORN LAW FIRM 441, SUITE 100 (E, FL 32159			Street Address (ess (P.O. Box Number is Not Acceptable)				
LADTLAN	CE, FL 32139			City			FI	Zip Cod	e
8. The above the obligat	named entity submits this statement to tions of registered agent.	or the purpose of changing its re	egislere	d office or register	ed agent, or bo	h, in the State of Flo	orida. Lam	familiar with,	and accept
SIGNATURE :									
	Signature, typed or printed name of registered agent								
	agradad, tiped of printed father of registered egosti	and title if applicable (NOTE	Registered	Agent signature required	when revistating)		DAIL		
	ling Fee is \$50.00 by September 14, 2007	and title if applicable (NOTE	Registered	Agent signature required	when remistating)		e check	payable to nent of State	9
	ling Fee is \$50.00		Registered	Agent signature reguired	when revistating)		e check a Departr	nent of State	9
Due I	ling Fee is \$50.00 by September 14, 2007				when rebislating)	Florida	e check a Departr	nent of State	e Addition
9. IIILE NAME	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMBI MGRM DILORENZO, JAMES D	ERS/MANAGERS	10.		when remistating)	Florida	e check a Departr	nent of State	
9.	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMBI	ERS/MANAGERS	10. IIILE NAME SIREE		when revisiating)	Florida	e check a Departr	nent of State	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM	ERS/MANAGERS	10. IIILE NAME SIREE CITY S	.T ADDRESS ST ZIP	when repistating)	Florida	e check a Departr	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R	RS/MANAGERS	10. HILE NAME STREE CITY S HILE NAME	:TADDRESS ST ZIP	when repistating)	Florida	e check a Departr	S Change	☐ Addition
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM	RS/MANAGERS	10. HILE NAME SIREE CHY 5 HILE NAME SIREE	.T ADDRESS ST ZIP	when revisianing)	Florida	e check a Departr	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	RS/MANAGERS	10. HILE NAME SIREE CHY 5 HILE NAME SIREE	T ADDRESS ST ZIP	when repistating)	Florida	e check a Departr	S Change	☐ Addition
9. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	ERS/MANAGERS Delete Delete	10. IIILE NAME SIREE CITY: IIILE NAME SIREE CITY: IIILE NAME NAME	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change	Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	ERS/MANAGERS Delete Delete	10. IIILE NAME SIREE CITY: IIILE NAME SIREE CITY: IIILE NAME SIREE CITY:	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change	Addition Addition
9. III'LE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	TRS / MANAGERS Delete Delete	10. IIILE NAME SIREE CITY: IIILE NAME SIREE CITY: INILE NAME SIREE CITY:	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change Change	Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	ERS/MANAGERS Delete Delete	10. IIILE NAME SIREE CITY: IIILE NAME SIREE CITY: IIILE NAME SIREE CITY:	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change	Addition
9. THEE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	TRS / MANAGERS Delete Delete	10. IIILE NAME SIREE CITY: IIILE NAME SIREE CITY: IIILE NAME SIREE CITY: IIILE NAME	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change Change	Addition Addition
9. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	TRS / MANAGERS Delete Delete	10. IIILE NAME SIREE CITY S	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change Change	Addition Addition
9. THEE NAME STREET ADDRESS CITY-ST-ZIP THLE	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	TRS / MANAGERS Delete Delete	10. IIILE NAME SIREE CITY: IIILE	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP	when repistating)	Florida	e check a Departr	S Change Change	Addition Addition
9. THE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	Delete Delete	10. IIILE NAME SIREE CITY:	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when repistating)	Florida	e check a Departr	S Change Change Change Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	Delete Delete	10. IIILE NAME SIREE CITY:	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP	when repistating)	Florida	e check a Departr	S Change Change Change Change	Addition Addition Addition
9. THE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	Delete Delete	10. IIILE NAME SIREE CITY:	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP	when repistating)	Florida	e check a Departr	S Change Change Change Change	Addition Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480 MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD	Delete Delete	10. IIILE NAME SIREE CITY:	ET ADDRESS ST ZIP	when repistating)	Florida	e check a Departr	S Change Change Change Change	Addition Addition Addition

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is a full 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 flability company or the receiver or trustee empowaged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

D TYPED OR PRINTED NAME OF SIGNING MAJA

NG MANAGING MANBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/07

352-671-6700

Dayline Phone #