

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 012 ****50.00

DOCUMENT # L01000009118

1. Entity Name
P.S. MCGREGOR, LLC



Principal Place of Business
8801 SPRINGWOOD COURT
BONITA SPRINGS, FL 34135

Mailing Address
8801 SPRINGWOOD COURT
BONITA SPRINGS, FL 34135



2. Principal Place of Business - No P.O. Box #
27281 Tennessee Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2403
Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State
Bonita Springs, FL
Zip Country
34135 USA

City & State
Bonita Springs, FL
Zip Country
34133-2403 USA

4. FEI Number
03-0408817
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGREGOR, PAMELA S
8801 SPRINGWOOD COURT
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
27281 Tennessee Street
City Zip Code
Bonita Springs FL 34135

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 Pamela S. McGregor Pamela S. McGregor, MGRM 3/1/07
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MCGREGOR, PAMELA S
STREET ADDRESS 8801 SPRINGWOOD COURT
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE MGR ☒ Delete
NAME MCGREGOR, WILLIAM S
STREET ADDRESS 8801 SPRINGWOOD COURT
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 27281 Tennessee Street
CITY-ST-ZIP Bonita Springs, FL 34135

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

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

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

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

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: Pamela S. McGregor Pamela S. McGregor MGRM 3/1/07 (239)293-2491
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #