

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009118

1. Entity Name
P.S. MCGREGOR, LLC



Principal Place of Business
27281 TENNESSEE STREET
BONITA SPRINGS, FL 34135

Mailing Address
P.O. BOX 2403
BONITA SPRINGS, FL 34133



01052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
27281 TENNESSEE STREET
BONITA SPRINGS, FL 34135

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

0000000874026
04/10/08-80102-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
MCGREGOR, PAMELA S
STREET ADDRESS
27281 TENNESSE STREET
CITY-ST-ZIP
BONITA SPRINGS, FL 34135

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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

Date

3/8/08
Daytime Phone #

(239)293-2491