

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012945

1. Entity Name
M.C.R. COMPANY, LLC



Principal Place of Business
**2355 S.E. SEAFURY LANE
PORT ST. LUCIE, FL 34952**

Mailing Address
**2355 S.E. SEAFURY LANE
PORT ST. LUCIE, FL 34952**

DO NOT WRITE IN THIS SPACE



02252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1143778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORCORAN, KATHLEEN
2355 S.E. SEAFURY LANE
PORT ST. LUCIE, FL 34952**

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000089039
03/15/04-80076-007 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CORCORAN, KATHLEEN
1482 S E MANTH LANE
PORT SAINT LUCIE, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REAGLE, LOU ANNE
2433 SE SISTINA STREET
PORT SAINT LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MIRET, PAUL
7950 POPPY HILLS LANE
PORT SAINT LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

3/12/04 772-335-5154
Date Daytime Phone #