

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90943 004 \*\*\*\*50.00

**DOCUMENT # L01000015116**

1. Entity Name

**MCGILLIVARY CONSULTING GROUP, LLC**

Principal Place of Business

Mailing Address

**4303 VINELAND ROAD  
SUITE F-16  
ORLANDO FL 32811**

**4303 VINELAND ROAD  
SUITE F-16  
ORLANDO FL 32811**

**936147**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4303 VINELAND ROAD**

**4303 VINELAND ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE F-16**

**SUITE F-16**

City & State

City & State

**ORLANDO, FLORIDA**

**ORLANDO, FLORIDA**

Zip

Country

Zip

Country

**32811**

**U.S.A.**

**32811**

**U.S.A.**

4. FEI Number

**59-3742350**

Applied For

Not Applicable

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

**MCGILLIVARY, IAIN  
4303 VINELAND ROAD  
SUITE F-16  
ORLANDO FL 32811**

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.

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 May 1, 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 MCGILLIVARY, IAIN 4303 VINELAND ROAD ORLANDO FL 32811</b>			

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:**

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

**03/25/02**

Date

**407-481-0019**

Daytime Phone #

CR2E083 (9/01)