2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015116

1. Entity Name

MCGILLIVARY CONSULTING GROUP, LLC

Principal Place of Business	Mailing Address
4303 VINELAND ROAD SUITE F-16 ORLANDO FL 32811 US	4303 VINELAND ROAD SUITE F-16 ORLANDO FL 32811 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

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. 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 $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9.	MANAGING MEMBERS/MANAGERS		**10.**		ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGILLIVARY, IAIN 4303 VINELAND ROAD ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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CR2E083 (4/03)

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 REQUIRED_____   9/23/03   407-481-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #