

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90038 016 ****50.00

DOCUMENT # L01000016938

1. Entity Name

MCM HOLDINGS, L.L.C.



Principal Place of Business

**1526 FAHNSTOCK ST
EUSTIS FL 32726**

Mailing Address

**1526 FAHNSTOCK ST
EUSTIS FL 32726**

2. Principal Place of Business

3714 CR 561

3. Mailing Address

3714 CR 561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL 32778

City & State

TAVARES, FL

Zip

32778

Country

Zip

32778

Country

4. FEI Number

59-3748857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

**MOWERS, MICHAEL CHRISTOPHER
1526 FAHNSTOCK ST
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **Mowers Michael Christopher**

Street Address (P.O. Box Number is Not Acceptable)

3714 CR 561

City

TAVARES

FL

Zip Code

32778

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MOWERS, MICHAEL CHRISTOPHER**
STREET ADDRESS **1526 FAHNSTOCK ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Mowers, Michael Christopher**
STREET ADDRESS **3714 CR 561**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE ☐ Change ☐ Addition
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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 Section 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:

Michael C. Mowers, Mgr

4/28/06

352-343-3445

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

Date

Daytime Phone #