

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 002 ****50.00

DOCUMENT # L01000021860

1. Entity Name

MCA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2819 Saber Drive

Suite, Apt. #, etc.

3. Mailing Address

2819 Saber Drive

Suite, Apt. #, etc.

City & State
Clearwater, Florida

Zip
33759

Country
USA

City & State
Clearwater, Florida

Zip
33759

Country
USA

4. FEI Number

43-1957933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Douglas M. Price

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

2819 Saber Drive

City
Clearwater

FL

Zip Code
33759

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Douglas M. Price, Managing Member

04/30/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Douglas M. Price 2819 Saber Drive Clearwater, Florida 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Robin C. Price 2819 Saber Drive Clearwater, Florida 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Lindsay M. Price 2819 Saber Drive Clearwater, Florida 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/01)

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:

Douglas M. Price

Managing Member 04/30/02 (727) 4343710

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

Date

Daytime Phone #