

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90025 016 \*\*\*\*\*50.00

**DOCUMENT #** L01000022373

**1. Entity Name**

MCGREGOR-PINERIDGE, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

12360 66th ST N

**3. Mailing Address**

P.O. Box 17467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL

Clearwater FL

Zip

Zip

USA

33773

USA

**4. FEI Number**

03-0382837

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

CARLOS YEPES

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

12360 66th ST N

#H

City

LARGO

FL

Zip Code

33773

**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.

4/8/02

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**  
D  
CARLOS YEPES  
P.O. Box 17467  
CLEARWATER FL 33762

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
GREG J NOWAK  
P.O. Box 7588  
CLEARWATER FL 33758

**TITLE**  
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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:**

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

4/8/02 (722) 536 8686

Date

Daytime Phone #

CR2E083B (12/01)