


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90128 014 \*\*\*\*55.00

**DOCUMENT # L01000022624**

1. Entity Name  
**MC DISTRIBUTORS LLC**



Principal Place of Business  
**1525 NW 3RD STREET**  
**14**  
**DEERFIELD BEACH, FL 33442 US**

Mailing Address  
**1525 NW 3RD STREET**  
**14**  
**DEERFIELD BEACH, FL 33442 US**

2. Principal Place of Business  
**6531 Park of Commerce Blvd**  
Suite, Apt. #, etc.  
**150**

3. Mailing Address  
**6531 Park of Commerce Blvd**  
Suite, Apt. #, etc.  
**150**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33487-8297** Country  
**USA**

Zip  
**33487-8297** Country  
**USA**



01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**80-0005325**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAGUIRE, MICHAEL**  
**27 ROYAL PALM**  
**#303**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

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 Michael Maguire DATE 01/07/04

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIRINSKY, MARILYN 5722 SOUTH FLAMINGO ROAD #318 COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIRINSKY, MARILYN 13804 150 CT North JUPITER, FL 33478 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIRINSKY, ERIC 1121 SOUTH MILITARY TRAIL #275 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIRINSKY, ERIC 99 SE Mizner Blvd # 411 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGUIRE, MIKE 27 ROYAL PALM #303 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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:** Michael Maguire 01/07/04 561-994-2153 22

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