

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90154 020 ****55.00

DOCUMENT # L01000022757

1. Entity Name

MCPHERSON INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 New Hampton Way
Suite, Apt. #, etc.

3. Mailing Address

900 New Hampton Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Merritt Island Fla.

City & State

Merritt Island Fla.

4. FEI Number

010591317

Applied For

Not Applicable

Zip

32953

Country

Brevard

Zip

32953

Country

Brevard

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joel N. McPherson

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

900 New Hampton Way

City

Merritt Island

FL

Zip Code

32953

**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.

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
Manager
Joel N. McPherson
900 New Hampton Way
Merritt Island, Fla 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Janice A. McPherson
900 New Hampton Way
Merritt Island, Fla 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4/10/02 321-452-2606

CR2E083B (12/01)