

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015012

1. Entity Name
MC INVESTMENTS HOLDING, LLC



FILED

2009 SEP 15 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2600 AURORA RD
SUITE N
MELBOURNE, FL 32935

Mailing Address
2600 AURORA RD.
SUITE N
MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09162009 Chg-LLC CR2E083 (11/08)

City & State
Zip Country

4. FEI Number
90-0089930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKOWEN, TIMOTHY M
2600 AURORA RD
SUITE N
MELBOURNE, FL 32935

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 25, 2009**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE M Delete
NAME MCKOWEN, TIMOTHY
STREET ADDRESS 2600 AURORA RD SUITE N
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME **800160670298**
STREET ADDRESS **09/15/09--01013--007 **138.75**
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

T. CLINE

SEP 16 2009

EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Timothy M. McKowen Date **9/2/09**

Daytime Phone # **321-720-1107**

Typed or printed name of signing Managing Member/Manager