

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503195900042
7/10/2003-90051-040-\$50.00-\$50.00

0010042

DOCUMENT # L02000015012

1. Entity Name
MC INVESTMENTS HOLDING, LLC



FILED

2003 NOV 20 AM 10:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
104 LEE STREET
INDIALANTIC FL 32903

Mailing Address
104 LEE STREET
INDIALANTIC FL 32903

2. Principal Place of Business
345 west DR.
Suite, Apt. #, etc.

3. Mailing Address
5 B Venetian Way
Suite, Apt. #, etc.

City & State
Melb. FL.

City & State
I.H.B FL.

4. FEI Number 90-0089930

Applied For
Not Applicable

Zip 32904 Country USA

Zip 32935 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKOWEN, TIMOTHY M
104 LEE STREET
INDIALANTIC FL 32903

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 Timothy M. McKowen DATE 11-13-03
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE owner
NAME Timothy McKowen
STREET ADDRESS 5 B Venetian Way
CITY-ST-ZIP I.H.B. FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *Timothy M. McKowen* SIGNATURE REQUIRED

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

7-7-03 321-676-0170
Date Office Phone #

CP2E083 (4/03)

REINSTATEMENT

2003