

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503195900043  
7/10/2003-90051-041-\$50.00-\$50.00

0010346

DOCUMENT # L02000015015

1. Entity Name

MC MILLWORKS, LLC



FILED

2003 NOV 20 AM 10:40

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

53 Venetian Way  
Suite, Apt. #, etc.

3. Mailing Address

53 Venetian Way  
Suite, Apt. #, etc.

City & State

Melb. FL

City & State

ITHB FL

4. FEI Number

13-4249047

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKOWEN, TIMOTHY M  
104 LEE STREET  
INDIALANTIC FL 32903

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

*Timothy M. McKowen*

(NOTE: Registered Agent signature required when reinstating)

11-13-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE *owner*  
NAME *Timothy McKowen*  
STREET ADDRESS *53 Venetian Way*  
CITY-ST-ZIP *ITHB FL 32935*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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REINSTATEMENT

2003

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*

7-7-03

Date

Daytime Phone #

CR2E083 (4/03)