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Secretary of State

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04-25-2003 90756 027 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020064

1. Entity Name
MULLIGAN COMMERCIAL ENTERPRISES, L.L.C.

44005342

[redacted]

Principal Place of Business	Mailing Address
729 NORTH MANASOTA KEY ROAD ENGLEWOOD FL 34223	729 NORTH MANASOTA KEY ROAD ENGLEWOOD FL 34223

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
729 N. Manasota Key	729 N. Manasota Key
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood Fl	City & State: Englewood Fl
Zip: 34223 Country: USA	Zip: 34223 Country: USA

4. FEI Number 55-0793983 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MULLIGAN, MICHELLE A
729 NORTH MANASOTA KEY ROAD
ENGLEWOOD FL 34223

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

Manager

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle A Mulligan 729 N. Manasota Key Englewood Fl 34223 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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