

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021682

Entity Name: MCLEAN ASSOCIATES, LLC

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

2578 ENTERPRISE RD., #342  
ORANGE CITY, FL 32763

## New Principal Place of Business:

## Current Mailing Address:

2578 ENTERPRISE RD., #342  
ORANGE CITY, FL 32763

## New Mailing Address:

FEI Number: 03-0480788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

MCLEAN, DAVID M  
2578 ENTERPRISE ROAD, #342  
ORANGE CITY, FL 32763      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCLEAN, DAVID M  
Address: 2578 ENTERPRISE RD., #342  
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM ( ) Delete  
Name: MCLEAN, CLAUDIA  
Address: 2578 ENTERPRISE RD., #342  
City-St-Zip: ORANGE CITY, FL 32763

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID MCLEAN

MGR

06/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date