

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 028 ****50.00

DOCUMENT # L02000031950

1. Entity Name

MCGARVEY CUSTOM HOMES, LLC



DO NOT WRITE IN THIS SPACE

30056023

2. Principal Place of Business

27300 Riverview Center Blvd.

Suite, Apt. #, etc.
Suite 201

3. Mailing Address

27300 Riverview Center Blvd.

Suite, Apt. #, etc.
Suite 201

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

57-1140107

Applied For

Not Applicable

Zip

34134-4316

Country

USA

Zip

34134-4316

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John S. McGarvey

Street Address (P.O. Box Number is Not Acceptable)

27300 Riverview Center Blvd. #201

City

Bonita Springs

FL

Zip Code

34134

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
John S. McGarvey
27300 Riverview Center Blvd.
Bonita Springs, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Joanne H. McGarvey
27300 Riverview Center Blvd
Bonita Springs, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

4/10/03 239-992-8940

Date

Daytime Phone #

CR2E083B (12/02)