

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 035 ***138.75

DOCUMENT # L02000033005 1. Entity Name MCCALL'S HOLDINGS, LLC					
Principal Place of Business 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909-6513			Mailing Address 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909-6513		
2. Principal Place of Business - No P.O. Box # 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		3. Mailing Address 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		01072008 Chg-LLC CR2E083 (12/06)	
Zip Country		Zip Country		4. FEI Number 02-0659241	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FULLENKAMP, DENNIS J 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent Name Fullenkamp, Dennis J. Street Add 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903 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 <i>[Signature]</i> DATE 2-4-08					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
<div style="text-align: right;"> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLENKAMP, DENNIS 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> Date 2-4-08 Daytime Phone # 239-995-4884					

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