

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000002573

1. Entity Name
MCPARTNERS, LLC



Principal Place of Business
**P.O. BOX 1659
PONTE VEDRA BEACH, FL 32004**

Mailing Address
**P.O. BOX 1659
PONTE VEDRA BEACH, FL 32004**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
23-3894400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUTHAN, BUD
2378 PINE ISLAND CIRCLE
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------|
| TITLE | MGRM |
| NAME | KUTHAN, BUD |
| STREET ADDRESS | P.O. BOX 1659 |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32004 |
| TITLE | MGRM |
| NAME | KUTHAN, LINDA |
| STREET ADDRESS | P.O. BOX 1659 |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32004 |
| TITLE | MGRM |
| NAME | KUTHAN, SHAWN |
| STREET ADDRESS | P.O. BOX 1659 |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32004 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000605254
01/30/07-80028-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Bud Kuthan 1-10-07 904 992 2300

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

Date

Daytime Phone #