

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021866

1. Entity Name
MACKENZIE AND OLLIE, LLC



Principal Place of Business
**3989 JEBB ISLAND CIRCLE EAST
JACKSONVILLE, FL 32224-7901**

Mailing Address
**3989 JEBB ISLAND CIRCLE EAST
JACKSONVILLE, FL 32224-7901**

DO NOT WRITE IN THIS SPACE



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
86-1067648

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NUTTER, LOUIS W
225 WATER STREET, SUITE 110
JACKSONVILLE, FL 32202**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUTTER, LOUIS W 3989 JEBB ISLAND CIRCLE EAST JACKSONVILLE, FL 322247901
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02/01/05-80015-003 50.00

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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, OR AUTHORIZED REPRESENTATIVE

1-28-5

Date

904.630 6341

Daytime Phone #