

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000031739

1. Entity Name  
MCCLURE & LOBOZZO, A PROFESSIONAL LIMITED  
COMPANY



Principal Place of Business  
230 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

Mailing Address  
230 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

**DO NOT WRITE IN THIS SPACE**



01272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
56-2424245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCCLURE, JOHN K  
230 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

**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  
MGRM  
JOHN K. MCCLURE, P.A.  
230 S. COMMERCE AVE  
SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JAMES V. LOBOZZO, JR., P.A.  
230 S. COMMERCE AVE.  
SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000266336  
03/17/05-80027-009 50.00

**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, OR AUTHORIZED REPRESENTATIVE

3/14/05

Date

863-402-1888

Daytime Phone #