

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90082 047 ****50.00

DOCUMENT # L04000035287

1. Entity Name
MCNAB ASSOCIATES, LLC



Principal Place of Business
**2500 NORTH FEDERAL HIGHWAY, STE. 201
FORT LAUDERDALE, FL 33305**

Mailing Address
**2500 NORTH FEDERAL HIGHWAY, STE. 201
FORT LAUDERDALE, FL 33305**

40071954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

74-3122572

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIRKSEN, VOLKMAR
2500 NORTH FEDERAL HIGHWAY, STE. 201
FORT LAUDERDALE, FL 33305**

Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Volkmar Dirkseu

04/12/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DIRKSEN, VOLKMAR
STREET ADDRESS 2500 NORTH FEDERAL HIGHWAY, STE. 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

Volkmar Dirkseu

04/12/05 (934) 321-9900

Date

Daytime Phone # **X 250**