2006 LIMITED LIABILITY COMPANY

STREET ADDRESS

City-St-7IP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

FILED **ANNUAL REPORT** Feb 07, 2006 08:00 AM Secretary of State DOCUMENT # L04000035287 1. Entity Name MCNAB ASSOCIATES, LLC Principal Place of Business Mailing Address 2500 NORTH FEDERAL HIGHWAY, STE. 201 2500 NORTH FEDERAL HIGHWAY, STE. 201 FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 02022006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 14-3122572 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIRKSEN, VOLKMAR Street Address (P.O. Box Number is Not Acceptable) 2500 NORTH FEDERAL HIGHWAY, STE. 201 FORT LAUDERDALE, FL 33305 City 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 famillar 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 9, MANAGING MEMBERS/MANAGERS 10. TITLE MGR TITLE ☐ Addition U00000424378 DIRKSEN, VOLKMAR NAME NAME /18/06-80047-009 50.00 2500 NORTH FEDERAL HIGHWAY, STE. 201 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33305 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change **Addition** TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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

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