

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037761

Entity Name: MCPUB, LLC

FILED  
Dec 01, 2007  
Secretary of State

**Current Principal Place of Business:**

33 OAKWOOD ROAD  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

333 1ST ST. N. SUITE 150  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 20-1372163      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CURLEY, CHARLES R JR.  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

GLASER, PAUL D  
5840 DONNELLY CIRCLE  
ORLANDO, FL 32821 US

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.

SIGNATURE: PAUL GLASER

12/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: MCNULTY, AMY  
Address: 33 OAKWOOD ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: M ( ) Delete  
Name: MCMANUS, SEAN  
Address: 333 1ST STREET NORTH, SUITE 150  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: M ( ) Delete  
Name: JENKINS, ROBIN  
Address: 333 1ST STREET NORTH, SUITE 150  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: M ( ) Delete  
Name: WILLIAMS, ROY  
Address: 333 1ST STREET NORTH, SUITE 150  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: M ( ) Delete  
Name: CASSARO, TOM  
Address: 333 1ST STREET NORTH, SUITE 150  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCNULTY, AMY  
Address: 33 OAKWOOD ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMY MCNULTY

MGRM

12/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date