

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90119 016 ****50.00

DOCUMENT # L04000050520

1. Entity Name

MCWHIRTER MARTIN LLC



Principal Place of Business

302 OLEANDER ST
NEPTUNE BEACH FL 32266
US

Mailing Address

302 OLEANDER ST
NEPTUNE BEACH FL 32266
US



2. Principal Place of Business

1706 6th AVE N

Suite, Apt. #, etc.

3. Mailing Address

1726 6th AVE N

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

JACKSONVILLE Bch FL

Zip 32250

Country USA

City & State

JACKSONVILLE Bch, FL

Zip 32250

Country USA

4. FEI Number

20-1332472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCWHITER, GAIL
1726 6TH AVE N
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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:

NANCY A MARTIN

Nancy A Martin

3-25-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME MCWHITER, GAIL
STREET ADDRESS 1726 6TH AVE N
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGRM ☐ Delete
NAME MARTIN, NANCY A
STREET ADDRESS 302 OLEANDER ST
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

Nancy A Martin

3-25-05 (904) 247-7910

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

Date

Daytime Phone #