2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0400054438  1. Entity Name  MCCUBED, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS  06 JUL 18 AM 11: 36
Principal Place of Business Mailing Address					
69 <sup>1</sup> 3 HARNEY ROAD 6913 HARNEY ROAD TAMPA FL 33617 TAMPA FL 33617					
2. Principal F	Place of Business	3. Mailing Address		<del></del>	100
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)
City & State		City & State			4. FEI Number NO-T APPLICABLE Applied For Not Applicab
Zip Country		Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			Na Na	ime	7. Name and Address of New Registered Agent
SULLIVAN, STEPHEN C 11603 LIPSEY ROAD				Street Address (P.O. Box Number is Not Acceptable)	
TAN	MPA FL 33618				
			Cit	ty	FL Zip Code
8. The above named entity sufmits 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 Signature Signature of registered agent and the 1 population. (NOTE Pegistered Agent signature required when reinstating)  DATE					
		FILE NO Make Check Payabl Due	OW!!! FEE le to Florida e By May 1,	IS \$50.00 a Departme	nt of State
9. TITLE	MANAGING MEN	MBERS/MANAGERS  Delete	10. TITLE	<del></del>	ADDITIONS/CHANGES  Change Addition
NAME STREET ADDRESS	CARNEY, DENNIS 6913 HARNEY ROAD	LJ Delete	NAME Street add	1 2 12	105/06 90030 013 \$50.00
CITY-ST-ZIP	TAMPA FL 33617	☐ Delete	CITY-ST-ZI		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	CARNEY, SEAN 6913 HARNEY ROAD TAMPA FL 33617	LI Detais	NAME STREET ADD CITY-ST-ZI		,
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP	CARNEY, DAN 6913 HARNEY ROAD		NAME STREET ADD CITY-ST-ZI	Į.	
TITLE	TAMPA FL 33617   S	☐ Delete	TITLE	<del></del>	. Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	MATUCCI, DAN 6913 HARNEY ROAD TAMPA FL 33617		NAME STREET ADD CITY-ST-ZI	ì	
TITLE	77. 2 33377	☐ Delete	TIME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADD CITY-ST-ZI	i	
TITLE NAME		☐ Delete	TITLE NAME	<del> -</del>	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADD	I	
11. I hereby indicated limited lia	certify that the information supplied on this report is true and accurate ability company or the receiver or the	with this filing does not qualify f and that my signature shall have ustee empowered to execute this	for the exemp re the same le s report as rec	etions containe egal effect as i quired by Chap	ed in Section 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the opter 608, Florida Statutes.
SIGNAT	SIGNATURAND TYPED OR PRINTED NAM	ME OF SIGNING MANAGER AND MENORS AND	NACER OF THE	IODIZED DEPOS	ENTATIVE Cale Davims Phone #
<del></del>	AND THE ON PHINTED NAME	WE OF SIGNING MANAGING MEMBER, MAN			ENTATIVE Cale Daylime Phone #