

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059923

Entity Name: MCKAY GROUP, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

100 S. KENTUCKY AVE., SUITE 250  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

100 S. KENTUCKY AVE., SUITE 250  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 35-2243638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANNA, LINDA C  
600 S. MAGNOLIA AVENUE, SUITE 125  
TAMPA, FL 32606 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MIMS, PAULA M  
Address: 100 S KENTUCKY AVE STE 250  
City-St-Zip: LAKELAND, FL 33801

Title: MGRM ( ) Delete  
Name: WILLIAMSON, MONA M  
Address: 100 S KENTUCKY AVE STE 250  
City-St-Zip: LAKELAND, FL 33801

Title: MGRM ( ) Delete  
Name: MCKAY, L KIRK III  
Address: 100 S KENTUCKY AVE STE 250  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

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: PAULA M. MIMS

MGR

04/24/2009

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