

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90285 035 ****50.00

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1. Entity Name
MGC, LLC

Principal Place of Business
5760 10TH AVENUE N.
ST. PETERSBURG, FL 33710

Mailing Address
5760 10TH AVENUE N.
ST. PETERSBURG, FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3802469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLALUCE, MARC G
5760 10TH AVENUE N.
ST. PETERSBURG, FL 33710

Name COLALUCE, MARC, G.

Street Address (P.O. Box Number is Not Acceptable)
1616 1st Street S.E.

City St. Petersburg FL Zip Code 33701

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COLALUCE, MARC G
STREET ADDRESS 5760 10TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG, FL 33710

☒ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE MGR
NAME COLALUCE, MARC, G.
STREET ADDRESS 1616 1st Street S.E.
CITY-ST-ZIP ST. PETERSBURG, FL 33701

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

3/14/06 (727) 424-5425

Date

Daytime Phone #