


FILED
Mar 28, 2006 8:00 am
Secretary of State

20021545

DOCUMENT # L05000029839

1. Entity Name
MCC & VAND I, LLC



Principal Place of Business
9625 WILSHIRE LAKES BLVD.
NAPLES, FL 34109

Mailing Address
9625 WILSHIRE LAKES BLVD.
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent
BRINKMAN, LINDA C
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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 reinstating)

DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
VAN DAME, SCOTT
9625 WILSHIRE LAKES BLVD.
NAPLES, FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: SCOTT VAN DAME, MANAGER

3/22/06


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

Date

Daytime Phone #

03-28-2006 90010 006 ****50.00

20021545



02142006 Chg-LLC CR2E083 (11/05)

4. FEL Number
20-2568284

Applied For
Not Applicable

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