

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000030234**

1. Entity Name  
**MACLACHLAN AND ASSOCIATES, LLC**



Principal Place of Business  
**1199 FT. PICKENS ROAD, #403  
PENSACOLA BEACH, FL 32561**

Mailing Address  
**DR. COLIN MACLACHLAN, HISTORY DEPT.  
6823 ST. CHARLES AVENUE  
NEW ORLEANS, LA 70118**



01182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MACLACHLAN, COLIN  
1199 FT. PICKENS ROAD, #403  
PENSACOLA BEACH, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MACLACHLAN, COLIN  
1199 FT. PICKENS ROAD, #403  
PENSACOLA BEACH, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000608938  
02/01/07-80030-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

504-862-8619  
1/29/07 850-916-1493