

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 041 ***138.75

DOCUMENT # L05000038533



1. Entity Name
MCDOWELL ENTERPRISES, LLC

Principal Place of Business
2223 ELLICOTT DRIVE
TALLAHASSEE, FL 32312

Mailing Address
2223 ELLICOTT DRIVE
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #
2223 Ellicott Dr.

3. Mailing Address
2223 Ellicott Dr.



03072008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip 32308 Country US

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Tallahassee FL
Zip 32308 Country US

4. FEI Number
11-3767500
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRETT-MCDOWELL, LYNNE
505 S. FLAGLER DR., STE 1330
WEST PALM BEACH, FL 33401
2223 Ellicott Dr.
Tallahassee FL
32308

7. Name and Address of New Registered Agent

Name Lynne Barrett
Street Address (P.O. Box Number is Not Acceptable)
2223 Ellicott Dr.
City Tallahassee FL Zip Code 32308

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

Lynne M Barrett

3-8-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME MCDOWELL, ROBERTSON H
STREET ADDRESS 1623 WEST TERRACE DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE MGR ☐ Delete
NAME BARRETT, LYNNE M
STREET ADDRESS 2223 ELLICOTT DR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition
NAME Lynne M. Barrett
STREET ADDRESS 2223 Ellicott Dr.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lynne M Barrett* Lynne M. Barrett

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

3-13-08 (850) 422-1468

Date Daytime Phone #