

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90132 027 \*\*\*138.75

**DOCUMENT # L05000047558**

1. Entity Name  
SLG MCLEAN, LLC



Principal Place of Business  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

Mailing Address  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

60021772



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-2848183

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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

10. ADDITIONS/CHANGES

TITLE PCEO ☐ Delete  
NAME MCLEAN, MURPHY B JR.  
STREET ADDRESS 4315 PABLO OAKS CT., SUITE 1  
CITY-ST-ZIP JACKSONVILLE, FL 32224

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

TITLE CHMN ☐ Delete  
NAME STOKES, E. CHESTER JR  
STREET ADDRESS 4315 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

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

TITLE VP ☐ Delete  
NAME KUNKEL, JOHN C  
STREET ADDRESS 4315 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

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

TITLE VPSE ☐ Delete  
NAME HOLM, MALLORY G  
STREET ADDRESS 4315 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

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

TITLE VPTR ☐ Delete  
NAME FREDENHAGEN, SHARON W  
STREET ADDRESS 4315 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

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

TITLE AS ☒ Delete  
NAME FARNELL, TAMARA A  
STREET ADDRESS 4315 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☒ Addition  
NAME AS  
STREET ADDRESS Joy L Lawlarre  
CITY-ST-ZIP 4315 Pablo Oaks Court  
Jacksonville FL 32224

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

Date

Daytime Phone #

*Joy L Lawlarre* *Joy L Lawlarre* 4/8/08 9044821100