

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052750

FILED
Apr 25, 2008
Secretary of State

Entity Name: MCM, LLC

Current Principal Place of Business:

25 HIBISCUS ROAD
BELLEAIR, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3634
SEMINOLE, FL 33775

New Mailing Address:

25 HIBISCUS ROAD
BELLEAIR, FL 33756 US

FEI Number: 20-3355863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, GAIL M
25 HIBISCUS ROAD
BELLEAIR, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHAEL, MARK E
Address: 6100 86TH AVENUE N.
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM () Delete
Name: MICHAEL, TERRI L
Address: 6100 86TH AVENUE N.
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM () Delete
Name: CURLEY, GAIL M
Address: 25 HIBISCUS ROAD
City-St-Zip: BELLEAIR, FL 33756 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GAIL M. CURLEY

MGRM

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date