


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 020 ***138.75

DOCUMENT # L05000071254	
1. Entity Name MCGREENCOVE, LLC	

Principal Place of Business C/O SILVERFIELD/CRANFORD R.E SVCS. 4141 SOUTHPOINT BLVD. EAST, SUITE B JACKSONVILLE, FL 32216	Mailing Address C/O SILVERFIELD/CRANFORD R.E SVCS. 4141 SOUTHPOINT BLVD. EAST, SUITE B JACKSONVILLE, FL 32216
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60006457



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 35-2259246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRANFORD, JAMES A SILVERFIELD/CRANFORD COMMERCIAL 4141 SOUTHPOINTE DR. E. STE. B JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Cranford, James A Street Address (P.O. Box Number is Not Acceptable) 5555 Eagle Point Dr. City Jacksonville FL Zip Code 32244	
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRANFORD, JAMES A III 4141 SOUTHPOINT BLVD. E, SUITE B JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, MICHELLE 4141 SOUTHPOINT BLVD. E, SUITE B JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Feb 5 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #