


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000086459	
1. Entity Name MCAVEY, LLC	

Principal Place of Business 11105 NORTH 21ST STREET TAMPA, FL 33612 US	Mailing Address 11105 NORTH 21ST STREET TAMPA, FL 33612 US
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DO NOT WRITE IN THIS SPACE



03192008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3393316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCAVEY, LOREN M
 16104 MARSHFIELD DR
 TAMPA, FL 33624

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering)


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

U00000924886
 05/20/08-80003-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCAVEY, LOREN M 11105 NORTH 21ST STREET TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCAVEY, JESSICA 16104 MARSHFIELD DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #