

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094825

**FILED**  
**Jan 10, 2008**  
**Secretary of State**

**Entity Name:** ATTORNEY TODD V MACKEY PL

**Current Principal Place of Business:**

633 WEST LUMSDEN ROAD  
BRANDON, FL 33511

**New Principal Place of Business:**

3160 S FALKENBURG ROAD  
CARDEL HOMES BUILDING  
RIVERVIEW, FL 33569

**Current Mailing Address:**

633 WEST LUMSDEN ROAD  
BRANDON, FL 33511

**New Mailing Address:**

3160 S FALKENBURG ROAD  
CARDEL HOMES BUILDING  
RIVERVIEW, FL 33569

**FEI Number:** 20-3555835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKEY, TODD V  
633 WEST LUMSDEN ROAD  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

MACKEY, TODD V  
3160 S FALKENBURG ROAD  
RIVERVIEW, FL 33569 US

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:** TODD V MACKEY

01/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MACKEY, TODD V  
**Address:** 633 W LUMSDEN ROAD  
**City-St-Zip:** BRANDON, FL 33511

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MACKEY, TODD V  
**Address:** 3160 S FALKENBURG ROAD  
**City-St-Zip:** RIVERVIEW, FL 33569

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:** TODD V MACKEY

MGRM

01/10/2008

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