## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L05000102848

Entity Name: MCCARDA, LLC

**FILED** Aug 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563

**Current Mailing Address: New Mailing Address:** 

POB 3566 PLANT CITY, FL 33563

FEI Number: 02-0755990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCGRATH, GAIL C DAVIS, NATHAN D

1507 S. ALÉXANDER ST SUITE 103 1507 S. ALEXANDER ST SUITE 103 PLANT CITY, FL 33563 PLANT CITY, FL 33563

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: NATHAN D. DAVIS 08/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition

MCGRATH, GAIL C DAVIS, NATHAN D Name: Name: Address: PO BOX 3566 Address: 1507 S. ALEXANDER ST., SUITE 103

PLANT CITY, FL 33563 PLANT CITY, FL 33563

City-St-Zip: City-St-Zip:

Title: (X) Delete Title: () Change () Addition Name:

DAVIS, NATHAN D Name: Address: 1507 S. ALEXANDER ST SUITE 103 Address: City-St-Zip: PLANT CITY, FL 33563 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: NATHAN D. DAVIS **MGRM** 08/02/2007