

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90054 038 ***138.75

DOCUMENT # L06000031457

1. Entity Name
MCCALL PROFESSIONAL CENTER LLC



Principal Place of Business
**2101 FORKED CREEK
ENGLEWOOD, FL 34223**

Mailing Address
**2101 FORKED CREEK
ENGLEWOOD, FL 34223**

50008113



2. Principal Place of Business - No P.O. Box #
471 PARK AV
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 45
Suite, Apt. #, etc.

06302008 Chg-LLC CR2E083 (12/06)

City & State
BOCA GRANDE, FL
Zip
33921
Country
USA

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Zip
33921
Country
USA

4. FEI Number
20-4746727
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JULES, ROMAN
2101 FORKED CREEK
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent
Name
JULES ROMAN
Street Address (P.O. Box Number is Not Acceptable)
471 PARK AV
City
BOCA GRANDE, FL Zip Code
33921

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 **6/30/08**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULES, ROMAN PO BOX 522 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID, TAYLOR PO BOX 1007 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DAVID W TAYLOR** Date **7/8/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #