



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90136 015 ***138.75

DOCUMENT # L06000032070 1. Entity Name MCINTYRE INVESTIGATIONS, LLC																													
Principal Place of Business 38676 BERCHFIELD ROAD LADY LAKE, FL 32159				Mailing Address 38676 BERCHFIELD ROAD LADY LAKE, FL 32159																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 577																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State Oxford Florida		4. FEI Number 20-4575300																									
Zip		Country 34484-0577 Sumter		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCINTYRE, PAUL 38676 BERCHFIELD ROAD LADY LAKE, FL 32159				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code. </div>																									
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 reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>MCINTYRE, PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>38676 BERCHFIELD ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LADY LAKE, FL 32159</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	MCINTYRE, PAUL		STREET ADDRESS	38676 BERCHFIELD ROAD		CITY-ST-ZIP	LADY LAKE, FL 32159		TITLE	NAME	Change Addition	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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  </div> <div style="width: 35%;"> 4-1-08 (352) 350-2855 </div> </div>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%;"> <small>Date Daytime Phone #</small> </div> </div>																													