

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051915

Entity Name: M C S D, LLC

FILED  
Jun 17, 2008  
Secretary of State

## Current Principal Place of Business:

3934 EDEN ROC CIRCLE EAST  
TAMPA, FL 33634

## New Principal Place of Business:

4852 TROYDALE ROAD  
TAMPA, FL 33615

## Current Mailing Address:

3934 EDEN ROC CIRCLE EAST  
TAMPA, FL 33634

## New Mailing Address:

4852 TROYDALE ROAD  
TAMPA, FL 33615

FEI Number: 74-3179786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BROWN, MATTHEW A  
3934 EDEN ROC CIRCLE EAST  
TAMPA, FL 33634      US

## Name and Address of New Registered Agent:

BROWN, MATTHEW A  
4852 TROYDALE ROAD  
TAMPA, FL 33615      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: MATTHEW A. BROWN

06/17/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: BROWN, MATTHEW A  
Address: 3934 EDEN ROC CIRCLE EAST  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: BROWN, MATTHEW A  
Address: 4852 TROYDALE ROAD  
City-St-Zip: TAMPA, FL 33615

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: MATTHEW A. BROWN

MGR

06/17/2008

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