

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-07-2007 90377 049 ****50.00

DOCUMENT # L06000052321 1. Entity Name DOUGLAS MCARTHUR LLC						5/7	
Principal Place of Business 6757 DECEPTION ROAD MILTON FL 32583				Mailing Address 6757 DECEPTION ROAD MILTON FL 32583			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-5028822				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MCARTHUR, DOUGLAS C 6757 DECEPTION ROAD MILTON FL 32583				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reappointing) DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCARTHUR, DOUGLAS C 6757 DECEPTION ROAD MILTON FL 32583 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCARTHUR, PATRICIA B 6757 DECEPTION ROAD MILTON FL 32583 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Douglas C. McArthur</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				2-15-07 Date			