

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90021 037 ***138.75

DOCUMENT # L06000059278

1. Entity Name

MCT HOLDING GROUP, LLC



Principal Place of Business

900 GARLAND AVE.
NOKOMIS FL 34275
US

Mailing Address

900 GARLAND AVE.
NOKOMIS FL 34275
US



2. Principal Place of Business (No P.O. Box #)

301 Sand Pine Blvd

3. Mailing Address

P.O. Box 640

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State
Venice FL

City & State
Nokomis FL

4. FEI Number
20-5091655

Applied For
Not Applicable

Zip Country
34292 USA

Zip Country
34274 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDISON, MICHAEL C
400 N. TAMPA ST.
SUITE 1100
TAMPA FL 33602

Name
John J. Timoney JR
Street Address (P.O. Box Number is Not Acceptable)
301 Sand Pine Blvd
City Venice FL Zip Code 34292

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME TIMONEY, JOHN J JR.
STREET ADDRESS 900 GARLAND AVE. P.O. BOX 640
CITY- ST- ZIP NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME TIMONEY, CYNTHIA A
STREET ADDRESS 900 GARLAND AVE. P.O. BOX 640
CITY- ST- ZIP NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Page #