

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084245

**Entity Name:** MCM VERMONT, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4301 TROON LANE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3459  
BOYNTON BEACH, FL 33434

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARLEN, ROBERT M  
110 EAST ATLANTIC AVE., SUTIE 330  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEADE, MICHELLE C  
Address: 4301 TROON LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM  
Name: MEADE, CURTIS D  
Address: 4301 TROON LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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: CURTIS D. MEADE

MGRM

04/19/2011

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