

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000096726

1. Entity Name  
MCGUIRE & GENIS, LLC



Principal Place of Business  
3995 TORRES CIR  
WEST PALM BEACH, FL 33409 US

Mailing Address  
3995 TORRES CIR  
WEST PALM BEACH, FL 33409 US



04242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5656104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GENIS, GLENN  
3995 TORRES CIR  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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: 4/24/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000935735  
05/23/08-80085-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENIS, GLENN 3995 TORRES CIR WEST PALM BEACH, FL 33409
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGUIRE, THOMAS 23 JAYCEE DR PITTSBURGH, PA 45243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

Date: 4/24/08

Daytime Phone #