

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000106511**

1. Entity Name  
**MCCAIN AND ASSOCIATES LLC**



Principal Place of Business  
**280 FOOTHILL FARMS RD.  
ORANGE CITY, FL 32763**

Mailing Address  
**280 FOOTHILL FARMS RD.  
ORANGE CITY, FL 32763**

**FILED**

2009 JUL 25 P 4: 19



SECRETARY OF STATE

07152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5906842**

Applied For
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCCAIN, ROBERT S  
280 FOOTHILL FARMS RD.  
ORANGE CITY, FL 32763**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Robert S. McCain 7/24/08*

**FILE NOW!!! FEE IS  
Due by September 12, 2008**

*138.75*

**400133752964  
07/30/08--01022--011 \*\*138.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCAIN, ROBERT S 280 FOOTHILL FARMS RD. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCAIN, SUSAN H 280 FOOTHILL FARMS RD. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Robert S. McCain*

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

*7/24/08 386 809-6750*

Date

Daytime Phone #