

FILED
Apr 01, 2008 8:00 am
Secretary of State

02-15-2008 90054 033 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L07000062682					
1. Entity Name MULHOLLAND FORENSICS, LLC					
Principal Place of Business 221 EAST ADAMS STREET JACKSONVILLE, FL 32202			Mailing Address 221 EAST ADAMS STREET JACKSONVILLE, FL 32202		
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 26-0350856	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BRANT ABRAHAM REITER MCCORMICK & GREENE 50 NORTH LAURA STREET STE 2751 JACKSONVILLE, FL 32202			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 _____ Signature, hand or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)					
DATE _____					
FILE NUMBER * FEES \$138.75 After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/owner Sean Mulholland 221 E Adams St Jacksonville FL 32202		☐ 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
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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 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: 			2-11-08 90054-713		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					