

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072661

Entity Name: MCG AND G, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

4887 BELFORT ROAD, SUITE 201
JACKSONVILLE, FL 32256

New Principal Place of Business:

4887 BELFORT ROAD
SUITE 201
JACKSONVILLE, FL 32256

Current Mailing Address:

4887 BELFORT ROAD, SUITE 201
JACKSONVILLE, FL 32256

New Mailing Address:

4887 BELFORT ROAD
SUITE 201
JACKSONVILLE, FL 32256

FEI Number: 26-0536097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNN, MARSHALL
4887 BELFORT ROAD, SUITE 201
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GUNN, MARSHALL D JR
4887 BELFORT ROAD
SUITE 201
JACKSONVILLE, FL 32256 US

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: MARSHALL D GUNN JR

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUNN, MARSHALL
Address: 4887 BELFORT ROAD, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: MCGROGAN, PAT
Address: 95214 WILLETT WAY
City-St-Zip: FERNANDIAN BEACH, FL 32024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARSHALL D GUNN JR

MGRM

01/04/2008

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