

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90027 001 \*\*\*138.75

**DOCUMENT # L07000101275**

1. Entity Name  
**MCCORKLE FAMILY HOLDINGS, LLC**



Principal Place of Business  
**901 NORTH LAKE DESTINY ROAD  
SUITE 370  
MAITLAND, FL 32751**

Mailing Address  
**901 NORTH LAKE DESTINY ROAD  
SUITE 370  
MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #  
**903 OUTER ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**903 OUTER ROAD**  
Suite, Apt. #, etc.



04172008 Chg-LLC CR2E083 (12/06)

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number **26-1181217**

Applied For  
Not Applicable

Zip  
**32814**

Country  
**US**

Zip  
**32814**

Country  
**US**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCORKLE, ANDREW L  
901 NORTH LAKE DESTINY ROAD  
SUITE 370  
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name **MCCORKLE, ANDREW L.**

Street Address (P.O. Box Number is Not Acceptable)  
**903 OUTER ROAD**

City **ORLANDO**

FL

Zip Code **32814**

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

**4/22/08**

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MCCORKLE, ANDREW L  
901 NORTH LAKE DESTINY ROAD, SUITE 370  
ORLANDO, FL 32751** ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MCCORKLE, ANDREW L.  
903 OUTER ROAD  
ORLANDO, FL 32814** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:

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

Date

Daytime Phone #

**4/22/08**

**407-373-7800**