

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043508

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** THE MCMICHAEL LAW FIRM, P.L.

**Current Principal Place of Business:**

527 E UNIVERSITY AVE  
GAINESVILLE, FL 32602

**New Principal Place of Business:**

527 E UNIVERSITY AVE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

527 E UNIVERSITY AVE  
GAINESVILLE, FL 32602

**New Mailing Address:**

527 E UNIVERSITY AVE  
GAINESVILLE, FL 32601

FEI Number: 26-2515702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRUEGER, SCOTT D  
2750 NW 43RD ST  
STE 201  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR. ( ) Change (X) Addition  
Name: MCMICHAEL, ALAN E MGR.  
Address: 3330 NW 30TH AVE.  
City-St-Zip: GAINESVILLE, FL 32605 US

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: ALAN E, MCMICHAEL

MGR

04/30/2009

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