

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074150

Entity Name: MCCLEOD PROPERTY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1833 S KIRKMAN RD
APT 1412
ORLANDO, FL 32811

New Principal Place of Business:

6602 HENRICH DR
ORLANDO, FL 32818

Current Mailing Address:

P.O. BOX 616976
ORLANDO, FL 32861

New Mailing Address:

6602 HENRICH DR
ORLANDO, FL 32818

FEI Number: 26-2385565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCLEOD, DEBRA
1833 S. KIRKMAN RD
APT 1412
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

MCCLEOD, DEBRA
6602 HENRICH DR
ORLANDO, FL 32818 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: DEBRA MCCLEOD

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCLEOD, DEBRA
Address: 1833 S. KIRKMAN RD #1412
City-St-Zip: ORLANDO, FL 32811

Title: MGRM () Delete
Name: AUDAIN, FELICIA
Address: P.O. BOX 4354
City-St-Zip: LEESBURG, VA 20177

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCLEOD, DEBRA
Address: 6602 HENRICH DR
City-St-Zip: ORLANDO, FL 32818

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: DEBRA MCCLEOD

MGRM

05/01/2009

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