

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085882

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** BURR-MACDOWELL COMMACK, LLC

**Current Principal Place of Business:**

481 SAILFISH COVE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

481 SAILFISH COVE  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 11-6136298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACDOWELL, LOUIS G III  
481 SAILFISH COVE  
SATELLITE BEACH, FL 32937 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:** MR.  
**Name:** MACDOWELL, LOUIS G III  
**Address:** 481 SAILFISH COVE  
**City-St-Zip:** SATELLITE BEACH, FL 32937 US

**Title:** MR.  
**Name:** BURR, CARLL S III  
**Address:** 64 MARINER'S LANE  
**City-St-Zip:** NORTHPORT, NY 11768 US

I hereby 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:** LOUIS G. MACDOWELL III

MGRM

01/08/2012

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