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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI						
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change	ge and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	to the following:			
RICH	ARD MCCREA					
	Name of Person					
MCC	REA ENTERPRISES LLC					
	Firm/Company					
1926	BAD GEORGE ROAD					
	Address					
SUG	ARLOAF KEY, FL 33042					
	City/State and Zip Code	*				
SUG	ARLOAFPALMS@COMCAST.NE	ΞT	TALL SEC	; 		
E	-mail address: (to be used for future and	nual report r	t notification)			
For fu	ther information concerning this matter	, please call		FILED		
RICH	ARD MCCREA	717 at (7 465-2131	بن بن		
	Name of Person		Area Code & Daytime Telephone Number	: డు		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following	; amount:				
	■ \$25 Filing Fee	C	☐ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MCCREA ENTERPRISES LLC					
2. (a)	19269 BAD GEORGE ROAD		(b) 19269 BAD GEORGE ROAD		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUGARLOAF KEY		SUGAR	LOAF KEY	
	FL. 33042		FL. 3304	12	
	11/24/2016		L1400018	31573	
3.	Date of filing/registration in Florida LARRYMCAFEE	4.		Document number	
5. (a	Registered Agent and Registered Office shown on the records of t 19269 BAD GEORGE ROAD Registered Office Address (MUST BE FLORIDA STREET A		·	- %: -	
	SUGARLOAF KEY , FL	33042		SECOND F	
(b)	RICHARD T FOX SR.			FILED FILED	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	tress:	LED P	
	19269 BAD GEORGE ROAD			المراجعة الم	
	NEW Registered Office Address:			18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	SUGARLOAF KEY , FL	33042			
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis bility co f the lim	tered office mpany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
	Charl M. Ceed	RIC	HARD M		
-	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and agre- sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change	ee to act performa I for in C iereby co	in this cape ince of my o Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent