

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001335

Entity Name: MCWINSIM, L.L.C.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

221 NE 13 ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

221 NE 13 ST
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0810662 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:

Name and Address of New Registered Agent:

SIMMONS, DENNIS
221 NE 13TH ST
POMPANO BEACH, FL 33060 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMMONS, DENNIS
Address: 221 NE 13 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGR () Delete
Name: MCCAULEY, LARRY T
Address: 7611 EASY STREET
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: WINCHESTER, JAMES
Address: 7611 EASY STREET
City-St-Zip: MASON, OH 45040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS SIMMONS

PRES

06/22/2009

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