DOCUMENT # L9800001777 1. Entity Name				Fr. 81	ED	. 0 .		
MCCUE & MCCUE P.L.			•	1 1	FILED WAR-8 PHIZ:51			
				OO MAR	-8 PM 12:51	1/2/		
Principal Plac	ce of Business	Mailing Address		-0257	ARY OF STATE			
_	FEDERAL HIGHWAY RDALE FL 33308-4606	4826 NORTH FEDERAL HIG FORT LAUDERDALE FL 333		TALEAH	ARY OF STATE ASSEE FLORIDA	`	4884.455884	
2. Principal F	Place of Business	3. Mailing Address						
5100 N FEDERAL HWY 5100 N FED			DERAL HU	74				
Suite, Apt. #, etc. 501TE 405 Suite, Apt. #, etc. SUITE 40			5 DO NOT WRITE IN THIS SPACE					
0:1	LAUDERDALE FL	City & State FORT LAUDER		4. FEI N	umber 65-085677 4		pplied For ot Applicable	
Zip 📻	233308 Country USA	^{Zip} 33308	Country US	5. Certif	icate of Status Desired	S5.00 Ad Fee Require		
- ·	6. Name and Address of Current i				and Address of New F			
MCCHE CHRISTIAN A					CHRISTIAN A. MCCUE			
•	RTH FEDERAL HIGHWAY	Street A	Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33308-4606			5	5100 N FEDERAL HWY, # 405				
			City F	AT LAUT	PERDALE	FL Zip Goo	308	
8. The above	a named entity submits this statement for	the purpose of changing its re			or both, in the State of Flo			
	CHOISTIAN A	MCCUE		i		3/5/200	0	
SIGNATURE	CHRISTIAN A. Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ure required when reinstatio	ng)	DATE		
		FILE NO	W!!! FEE IS \$	50.00				
		Make Check Pay	able to Depart	ment of State				
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS	/CHANGES		
TITLE	MGRM	Delete	TITLE		-	Change .	Addition	
NAME Street Address	MCCUE, CHRISTIAN A 4826 NORTH FEDERAL HIGHWAY	,	NAME STREET ADDRESS	5100 N FE	DERAL HWY +	+405		
CITY- ST- ZIP	FORT LAUDERDALE FL 33308-46		CITY-BT-ZIP		DERDALE FL		_	
TITLE	MGRM	Delete	TITLE			☆ Change	Addition	
NAME STREET ADDRESS	MCCUE, LISA T 4826 NORTH FEDERAL HIGHWAY		NAME	F.00 N 5	EDENAL KW	7 # 405		
			STREET ADDRESS	15 (C) 18 T				
	FORT LAUDERDALE FL 33308-46		STREET ADDRESS CITY-ST-ZIP		derdale fl	33308		
CITY- 2T- ZIP 			CITY-ST-ZIP		BODDOS	187593	Addition	
CITY-\$T-ZIP TITLE NAME		06	CITY-ST-ZIP		BOODOS -03/29	187 533 /0001005	025	
CITY-\$T-ZIP TITLE NAME STREET ADDRESS		06	CITY-8T-ZIP TITLE NAME		BOODOS -03/29	187 593 200-01005- 50.00 *****	025 50.00 ——	
CIYY- \$T-ZIP TITLE RAME STREET ADDRESS CITY- \$T-ZIP		06	CITY-8T-ZIP TITLE NAME STREET ADDRESS CITY-8T-ZIP TITLE		BOODOS -03/29	187 533 /0001005	025	
CITY- 8T- ZIP TITLE RAME 8TREET ADDRESS CITY- 8T- ZIP TITLE		06	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		BOODOS -03/29	187 593 200-01005- 50.00 *****	025 50.00	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

IREHAISTIAN A. MCCUE

Date