

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 16 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L990000000131

1. Entity Name

McBride LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9130 S. Dadeland Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

1802

Suite, Apt. #, etc.

"

City & State

Miami, FL

City & State

"

4. FEI Number

65-0892186

Applied For

Not Applicable

Zip

33156

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

World Corporate Service, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2665 S. Bayshore Dr., # 703

City

Miami

FL

Zip Code

33133

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Mgr
NAME Patrick McBride
STREET ADDRESS 9130 S. Dadeland Blvd., #1802
CITY-ST-ZIP Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr
NAME Eric McBride
STREET ADDRESS 9130 S. Dadeland Blvd., #1802
CITY-ST-ZIP Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr
NAME Larry Reizer
STREET ADDRESS 9130 S. Dadeland Blvd., #1802
CITY-ST-ZIP Miami, FL 33156

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TITLE
NAME

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E083B (12/01)