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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90756 009 ****50.00

30066992

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000263

1. Entity Name
MCKAY FAMILY L.L.C.

Principal Place of Business
1001 BEACH ROAD
EAST TOWER, APT 103
SARASOTA, FL 34242

Mailing Address
1001 BEACH ROAD
EAST TOWER, APT 103
SARASOTA, FL 34242

2. Principal Place of Business
6445 Anthony Drive
Suite, Apt. #, etc.

3. Mailing Address
6445 Anthony Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State: Hamilton, OH
Zip: 45011 Country: Butler

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Zip: 45011 Country: Butler

4. FEI Number: 65-0895122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHULMAN, BENJAMIN
4330 SHERIDAN ST
STE 202B
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete MCKAY, NEVILLE ROY 1001 BEACH ROAD, APT. B103 EAST TOWER SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☒ Change ☐ Addition MCKAY, NEVILLE ROY 6445 Anthony Drive Hamilton, OH 45011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Neville Roy McKay MANAGER 4/27/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)