

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90144 031 ****50.00

DOCUMENT # L99000004911

1. Entity Name

MACAD & ASSOCIATES, L.L.C.

Principal Place of Business

**114 BEACH SUMMIT CT.
JUPITER FL 33477**

Mailing Address

**114 BEACH SUMMIT CT.
JUPITER FL 33477**

960867



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDRE B. DAIGLE
6504 WOODLAKE ROAD
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name

ANDRE O. DAIGLE

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

114 BEACH SUMMIT CT.

City

JUPITER

FL

Zip Code

33477

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

Andre O. Daigle

4/25/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DAIGLE, ANDRE O**
STREET ADDRESS **114 BEACH SUMMIT CT.**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **MGRM** ☐ Delete
NAME **DAIGLE, MICHELE C**
STREET ADDRESS **114 BEACH SUMMIT CT.**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Andre O. Daigle

4/25/02

561-744-8575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)