LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State
08-18-2002 90125 030 ****50.00

DOCUMENT # L99000006429

1. Entity Name

MCGILL GRIFFIN LLC

DO NOT WRITE IN THIS SPACE

974699

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1218 Hollywood Blvd	1218 Hollywood Blvd	593602325	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: Hollywood, FL	City & State: Hollywood, FL		
Zip: 33019 Country: USA	Zip: 33019- Country: USA	5. Certificate of Status Desired ☑ $5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John K. Griffin

Street Address (P.O. Box Number is Not Acceptable): 1218 Hollywood Boulevard

City: Hollywood FL Zip Code: 33019

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: John K. Griffin, Esq. 8-14-2002
Signature, typed or printed name of registered agent and title if applicable. DATE

YGRM

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR John Kevin Griffin 1218 Hollywood Boulevard Hollywood, FL 33019	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR Gerald A. McGill 202 W. Jackson Street Pensacola, FL 32501	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: JOHN KEVIN GRIFFIN, 8-14-2002, 954-924-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #