

2001 UNIFORM BUSINESS REPORT (UBR)

0001974 AF

DOCUMENT # M00000002303

1. Entity Name

MCMAHAN FAMILY ENTERPRISES, L.L.C.

Principal Place of Business

Mailing Address

10388 70TH STREET
LIVE OAK FL

PO BOX 298
LIVE OAK FL 32064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AIRTH, HAL A JR.
SUITE 200, SOUTHPPOINT BUILDING
6620 SOUTHPPOINT DRIVE, SOUTH
JACKSONVILLE FL 32216

Name Airth, Hal A JR. Adam, Jr

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

4740 Cleveland Heights Boulevard

City Lakeland

FL

Zip Code 33813

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

H. Adam Airth JR.

3/17/01

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

900004036759--2
-04/20/01--01122--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ENGSTROM, VIRGINIA M
PO BOX 298
LIVE OAK FL 32064 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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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:

Virginia M. Engstrom

Date

Daytime Phone #

3/17/01

CR2E083 (11/00)

FILED

01 APR 16 AM 10:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 593675491 ☐ Applied For ☐ Not Applicable

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