

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099184

**Entity Name:** MCBRIDE CLAM COVE LLC

**Current Principal Place of Business:**

2824 PALM BEACH BLVD.  
FT. MYERS, FL 33916

**Current Mailing Address:**

2069 WEST 3RD ST.  
CLEVELAND, OH 44113

**FEI Number:** 26-3575326

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCBRIDE, BRIAN A  
2824 PALM BEACH BLVD.  
FT. MYERS, FL 33916 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MCBRIDE, BRIAN A  
Address 2824 PALM BEACH BLVD.  
City-State-Zip: FT. MYERS FL 33916

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN A. MCBRIDE

**MANAGING MEMBER**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date