

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110381

**Entity Name:** JOHN P. MCLOUGHLIN REVOCABLE LIVING TRUST, LLC

**Current Principal Place of Business:**

3529 53RD AVE. WEST  
BRADENTON, FL 34210

**Current Mailing Address:**

20 N CREEK LN  
OSPREY, FL 34229 US

**FEI Number:** 27-1323323

**Certificate of Status Desired:** Yes

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

MCLOUGHLIN, JOHN P  
20 N CREEK LN  
OSPREY, FL 34229 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             | Title           | MGRM            |
| Name            | MCLOUGHLIN, JOHN | Name            | MIRENDA, ADAM   |
| Address         | 20 N CREEK LN    | Address         | 20 N CREEK LN   |
| City-State-Zip: | OSPREY FL 34229  | City-State-Zip: | OSPREY FL 34229 |

*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:** JOHN P MCLOUGHLIN

**OWNER**

**01/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date