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 bath; 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; an that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JOHN MCLOUGHLIN	MGRM	01/07/2020

SIGNATURE:	JOHN M	CLOUGHI	IN

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 27-1323323 Name and Address of Current Registered Agent

MCL 20 N OSP

20 N CREEK LN

The a he State of Florida. ag эg

SIGNATURE:

Electronic Signature of Registered Agent

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

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

he and Address of Current Registered Agent:
OUGHLIN, JOHN P CREEK LN REY, FL 34229 US
bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in th

BRADENTON, FL 34210 **Current Mailing Address:**

Current Principal Place of Business: 3529 53RD AVE. WEST

OSPREY, FL 34229 US

DOCUMENT# L09000110381 Entity Name: JOHN P. MCLOUGHLIN REVOCABLE LIVING TRUST, LLC

Jan 07, 2020 Secretary of State 4822424525CC

FILED

Certificate of Status Desired: Yes

Date

Date