

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118018

**FILED  
Jan 26, 2015  
Secretary of State  
CC3129194962**

**Entity Name:** MCNEW PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

5571 HALIFAX AVENUE  
FORT MYERS, FL 33912

**Current Mailing Address:**

5571 HALIFAX AVENUE  
FORT MYERS, FL 33912

**FEI Number:** 27-1491996

**Certificate of Status Desired:** No

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

NOLAND, JOHN A  
1715 MONROE STREET  
FORT MYERS, FL 33901 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 MGR  
Name MCNEW, BEVERLY HTRUSTEE  
Address 5571 HALIFAX AVENUE  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name NOLAND, JOHN ATRUSTEE  
Address 5571 HALIFAX AVENUE  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name INGE, RONALD ETRUSTEE  
Address 5571 HALIFAX AVENUE  
City-State-Zip: FORT MYERS FL 33912

*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:** RONALD E. INGE, TRUSTEE

**MANAGER**

**01/26/2015**

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

\_\_\_\_\_  
Date