

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000213834

Entity Name: THE MCCLURE FAMILY HOLDINGS, LLC

Current Principal Place of Business:

4507 COUNTRY GATE CT
VALRICO, FL 33596

Current Mailing Address:

4507 COUNTRY GATE CT
VALRICO, FL 33596 US

FEI Number: 84-2888803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLURE, FREDRICK
4507 COUNTRY GATE CT
VALRICO, FL 33596 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 | Title | AUTHORIZED REPRESENTATIVE |
| Name | MCCLURE, FREDRICK | Name | ECHOLS, EDDY |
| Address | 4507 COUNTRY GATE CT | Address | 10818 BARBADOS ISLE DR. |
| City-State-Zip: | VALRICO FL 33596 | City-State-Zip: | TAMPA FL 33647 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | STOKES, CURTIS | Name | WILLS, KORWIN |
| Address | 6211 GREENWICH DRIVE | Address | 1410 EMERALD HILL WAY |
| City-State-Zip: | TAMPA FL 33647 | City-State-Zip: | VALRICO FL 33594 |

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: FREDRICK H. L. MCCLURE

MANAGER

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date