

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000006366

Entity Name: MCCOY LEAVITT LASKEY LLC

Current Principal Place of Business:

13241 BARTRAM PARK BLVD
SUITE 613
JACKSONVILLE, FL 32258

Current Mailing Address:

N19 W24200 RIVERWOOD DR.
SUITE:125
WAUKESHA, WI 53188 US

FEI Number: 46-2356960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARKEN, NICHOLAS
13241 BARTRAM PARK BLVD
SUITE 613
JACKSONVILLE, FL 32258 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 MCCOY, JOHN
Address N19 W2400 RIVERWOOD DR.
SUITE:125
City-State-Zip: WAUKESHA WI 53188

Title MBR
Name LASKEY, HENRY BROOK
Address 317 COMMERCIAL ST. NE SUITE:200
City-State-Zip: ALBUQUERQUE NM 87102

Title MBR
Name RAMIREZ, MICHAEL
Address 20726 STONE OAK PKWY. SUITE:116
City-State-Zip: SAN ANTONIO TX 78258

Title MBR
Name LEAVITT, LAURENCE
Address 202 US ROUTE 1, SUITE:200
City-State-Zip: FALMOUTH ME 04105

Title MBR
Name LAFLAMME, EUGENE
Address N19 W24200 RIVERWOOD DR.
SUITE:125
City-State-Zip: WAUKESHA WI 53188

Title MBR
Name HANSEN, JOHN
Address 8700 MONROVIA STREET
City-State-Zip: LENEXA KS 66215

Title MEMBER
Name GIROUX, JARED
Address 202 US ROUTE 1
200
City-State-Zip: FALMOUTH ME 04105

Title MEMBER
Name KOS, SHANNON
Address N19 W24200 RIVERWOOD DR.
SUITE:125
City-State-Zip: WAUKESHA WI 53188

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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 MCCOY

MANAGING MEMBER

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MEMBER
Name ZINDER, JEFFREY
Address N19 W24200 RIVERWOOD DR.
SUITE:125
City-State-Zip: WAUKESHA WI 53188

Title MEMBER
Name ROSEK, MATTHEW
Address N19 W24200 RIVERWOOD DR.
SUITE:125
City-State-Zip: WAUKESHA WI 53188