

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089934

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** MID FLORIDA COMMERCIAL SERVICES, LLC

**Current Principal Place of Business:**

6041 CASON WAY  
LAKELAND, FL 33812 US

**New Principal Place of Business:**

**Current Mailing Address:**

6041 CASON WAY  
LAKELAND, FL 33812 US

**New Mailing Address:**

**FEI Number:** 26-1073659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAGNIER, ADRIANA  
6041 CASON WAY  
LAKELAND, FL 33812 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GAGNIER, EDGAR  
**Address:** 6041 CASON WAY  
**City-St-Zip:** LAKELAND, FL 33812 US

**Title:** MGRM  
**Name:** CRISS, DAVID A  
**Address:** 704 PARSONS POINTE ST  
**City-St-Zip:** SEFFNER, FL 33584 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** EDGAR C GAGNIER

MGRM

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date