

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025913

Entity Name: MCCI, LLC

Current Principal Place of Business:

1696 CAPITAL CIRCLE, SW
TALLAHASSEE, FL 32310

Current Mailing Address:

PO BOX 2235
TALLAHASSEE, FL 32316-2235

FEI Number: 33-1069550

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANGFORD, A. LAWTON
1700 CAPITAL CIRCLE, SW
TALLAHASSEE, FL 32310 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 MGRM
Name LANGFORD, A. LAWTON
Address PO BOX 2235
City-State-Zip: TALLAHASSEE FL 32316-2235

Title MGRM
Name GRANT, HAROLD E
Address PO BOX 2235
City-State-Zip: TALLAHASSEE FL 32316-2235

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: A. LAWTON LANGFORD

MGRM

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date