

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025913

**Entity Name:** MCCI, LLC

**Current Principal Place of Business:**

1958 COMMONWEALTH LANE  
TALLAHASSEE, FL 32303

**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

Title PRESIDENT  
Name BARSTOW, DONALD W  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** A. LAWTON LANGFORD

MEMBER

03/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date