

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025913

**Entity Name:** MCCI, LLC

**Current Principal Place of Business:**

3717 APALACHEE PARKWAY  
SUITE 201  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3717 APALACHEE PARKWAY  
SUITE 201  
TALLAHASSEE, FL 32311 US

**FEI Number:** 33-1069550

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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: MANAGER, AUTHORIZED REPRESENTATIVE  
Name: BARSTOW, DONALD  
Address: 3717 APALACHEE PARKWAY SUITE 201  
City-State-Zip: TALLAHASSEE FL 32311

Title: MANAGER  
Name: SARAFA, MARTIN  
Address: 3717 APALACHEE PARKWAY SUITE 201  
City-State-Zip: TALLAHASSEE FL 32311

Title: MANAGER  
Name: ZACZEPINSKI, GUY  
Address: 3717 APALACHEE PARKWAY SUITE 201  
City-State-Zip: TALLAHASSEE FL 32311

Title: MANAGER  
Name: TREVINO, TONY  
Address: 3717 APALACHEE PARKWAY SUITE 201  
City-State-Zip: TALLAHASSEE FL 32311

Title: MANAGER  
Name: MUNIZ, JAVIER  
Address: 3717 APALACHEE PARKWAY SUITE 201  
City-State-Zip: TALLAHASSEE FL 32311

*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:** DONALD BARSTOW

**AUTHORIZED REPRESENTATIVE**

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date