

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000096564

**Entity Name:** MID-FLORIDA LBB, LLC

**Current Principal Place of Business:**

2776 ENTERPRISE RD  
100  
ORANGE CITY, FL 32763

**Current Mailing Address:**

2776 ENTERPRISE RD  
100  
ORANGE CITY, FL 32763 US

**FEI Number:** 20-3539023

**Certificate of Status Desired:** No

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

SHARMA, NEERAJ M.D.  
2776 ENTERPRISE RD  
100  
ORANGE CITY, FL 32763 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:** NEERAJ SHARMA

01/09/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ORTEGA, GREGORY L  
Address 803 WESTOVE PLACE  
City-State-Zip: SANFORD FL 32771

Title MGRM  
Name CABEZA, RENE  
Address 719 TREELINE PLACE  
City-State-Zip: SANFORD FL 32771

Title MGRM  
Name SHARMA, NEERAJ  
Address 1848 REDWOOD GROVE TERRACE  
City-State-Zip: LAKE MARY FL 32746

Title MGRM  
Name SELASSIE, PETER  
Address 383 VISTA OAKS DR  
City-State-Zip: LONGWOOD FL 32779

*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:** NEERAJ SHARMA

MD

01/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date