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

Entity Name: MID-FLORIDA LBB, LLC	
Current Principal Place of Business:	

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

2776 ENTERPRISE RD 100 ORANGE CITY, FL 32763

DOCUMENT# L05000096564

Current Mailing Address:

2776 ENTERPRISE RD 100 ORANGE CITY, FL 32763 US

FEI Number: 20-3539023

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	E NEERAJ SHARMA			01/12/2021	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	ORTEGA, GREGORY L	Name	CABEZA, RENE		
Address	803 WESTOVE PLACE	Address	719 TREELINE PLACE		
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771		
Title	MGRM	Title	MGRM		
Name	SHARMA, NEERAJ	Name	SELASSIE, PETER		
Address	1848 REDWOOD GROVE TERRACE	Address	383 VISTA OAKS DR		
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LONGWOOD FL 32779		

MD

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

01/12/2021 Date