

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000085774

**Entity Name:** MIDTOWN PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

1331 SE PORT ST LUCIE BLVD  
SUITE 101  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

1331 SE PORT ST LUCIE BLVD  
SUITE 101  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 75-3230969

**Certificate of Status Desired:** No

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

SALCEDO, WILLIAM  
1331 S.E. PORT ST. LUCIE BLVD. #101  
PORT ST. LUCIE, FL 34952 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	Title	MGRM
Name	SALCEDO, WILLIAM	Name	HUFNAGEL, GARY
Address	2353 NW BRITT TERRACE	Address	825 SE ST. LUCIE BLVD.
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART, FL 34996
Title	MGRM		
Name	SALCEDO, JANICE R		
Address	2353 N W BRITT TERRACE		
City-State-Zip:	STUART FL 34994		

*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:** JANICE R SALCEDO

**TREASURER**

**02/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date