

**2020 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  
Name SALCEDO, WILLIAM  
Address 210 N E ABACA WAY  
City-State-Zip: JENSEN BEACH FL 34957

Title MGRM  
Name HUFNAGEL, GARY  
Address 825 SE ST. LUCIE BLVD.  
City-State-Zip: STUART, FL 34996

Title MGRM  
Name SALCEDO, JANICE R  
Address 210 N E ABACA WAY  
City-State-Zip: JENSEN BEACH FL 34957

*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

MGRM

03/22/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date