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.

City-State-Zip City-State-Zip: 33578 SE 3358

# Electronic Signature of Registered Agent

SIGNATURE: EDGAR C GAGNIER

Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	GAGNIER, ED C	Name	CRISS, DAVID A		
Address	6912 HOLLY HEATH DR	Address	704 PARSONS POINTE ST		
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	SEFFNER FL 33584		

GAGNIER, EDGAR C 704 PARSONS POINTE ST SEFFNER, FL 33584 US

## FEI Number: 26-1073659

Name and Address of Current Registered Agent:

**Current Mailing Address:** 

704 PARSONS POINTE ST SEFFNER, FL 33584 US

DOCUMENT# L07000089934

Entity Name: MID FLORIDA COMMERCIAL SERVICES, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

704 PARSONS POINTE ST

SEFFNER, FL 33584

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.

01/16/2020 Date

01/16/2020 SIGNATURE: ED GAGNIER MGRM

Certificate of Status Desired: No

FILED Jan 16, 2020 Secretary of State 9922121874CC

Electronic Signature of Signing Authorized Person(s) Detail