

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102845

**Entity Name:** MICHAEL D. MCCRORY, LLC

**Current Principal Place of Business:**

4639 CLYDE MORRIS BLVD.  
#107  
PORT ORANGE, FL 32129

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC9380955491**

**Current Mailing Address:**

1216 OLD MILL DRIVE NORTH  
DELTONA, FL 32725

**FEI Number:** 45-3243499

**Certificate of Status Desired:** No

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

MCCRORY, MICHAEL D  
1216 OLD MILL DRIVE NORTH  
DELTONA, FL 32725 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	OFFICER
Name	MCCRORY, MICHAEL D	Name	KRISTIN J. MCCRORY
Address	1216 OLD MILL DRIVE NORTH	Address	1216 OLD MILL DRIVE NORTH
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725

*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:** MICHAEL MCCRORY

**MANAGER**

**04/26/2017**

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

\_\_\_\_\_  
Date