

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138406

**Entity Name:** MOUNTAIN MANAGEMENT AND CONSULTING COMPANY LLC

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC5675810757**

**Current Principal Place of Business:**

4817 SE 35TH AVE  
OCALA, FL 34480

**Current Mailing Address:**

PO BOX 4920  
OCALA, FL 34478 US

**FEI Number: 06-1662129**

**Certificate of Status Desired: No**

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

VERRANDO-HIGGINS, MARY  
4817 SE 35TH AVE  
OCALA, FL 34480 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 VERRANDO-HIGGINS, MARY  
Address 4817 SE 35TH AVE  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name HIGGINS, ROBERT  
Address 4817 SE 35TH AVE  
City-State-Zip: Ocala FL 34480

Title MANAGER  
Name HIGGINS, IAN ROBERT  
Address 2013 NW 34TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title MANAGER  
Name HIGGINS, KAYLEB WILSON  
Address 4817 SE 35TH AVE  
City-State-Zip: Ocala FL 34480

*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: MARY VERRANDO-HIGGINS**

**MANAGING PARTNER**

**01/16/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date