

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133407

**Entity Name:** MID ATLANTIC RECEPTIVE SERVICES, LLC

**Current Principal Place of Business:**

5407 GERMAIN STREET  
STEPHENS CITY, VA 22655

**Current Mailing Address:**

P O BOX 1390  
STEPHENS CITY, VA 22655

**FEI Number:** 62-1715920

**Certificate of Status Desired:** No

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

SCOPETTI, KATHRYN  
2800 N 6TH ST  
UNIT 1 PMB 959  
SAINT AUGUSTINE, FL 32084 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:** KATHRYN SCOPETTI

01/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | MGR                    | Title           | OTHER                  |
| Name            | SCOPETTI, KATHRYN O    | Name            | KATE SCOPETTI          |
| Address         | 5407 GERMAIN STREET    | Address         | 5407 GERMAIN STREET    |
| City-State-Zip: | STEPHENS CITY FL 22655 | City-State-Zip: | STEPHENS CITY VA 22655 |

*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:** KATHRYN SCOPETTI

**OWNER**

01/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date