

2014 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:

SCALZO, LISA V
715 REFLECTIONS LANE
WINTER GARDEN, FL 34787 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 MGR
Name SCOPETTI, KATHRYN O
Address 5407 GERMAIN STREET
City-State-Zip: STEPHENS CITY FL 22655

Title MGRM
Name SCALZO, LISA V
Address 715 REFLECTIONS LANE
City-State-Zip: WINTER GARDEN FL 34787

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

MGR

01/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date