

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133407

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC3604785790**

**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

**OWNER**

**01/15/2015**

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

\_\_\_\_\_  
Date