

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000107864

**Entity Name:** MCF MANAGING SERVICES LLC

**Current Principal Place of Business:**

11900 LEM TURNER ROAD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

11900 LEM TURNER ROAD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 81-2861528

**Certificate of Status Desired:** No

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

MIJARES, SERGIO  
170 COOPER BAY CT  
ST. AUGUSTINE, FL 32092 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 MIJARES, SERGIO  
Address 170 COPER BAY CT  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGRM  
Name CAPOTE, YLSE  
Address 170 COOPER BAY CT  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** SERGIO MIJARES

MGMR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date