

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149977

**Entity Name:** MC SQUARED PARTNERS II, LLC

**Current Principal Place of Business:**

2910 KERRY FOREST PARKWAY  
SUITE D4227  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2910 KERRY FOREST PARKWAY  
SUITE D4227  
TALLAHASSEE, FL 32309 US

**FEI Number:** 81-3562396

**Certificate of Status Desired:** No

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

MOORE, WILLIAM B III  
2910 KERRY FOREST PARKWAY  
SUITE D4227  
TALLAHASSEE, FL 32309 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 MOORE, WILLIAM B III  
Address 2910 KERRY FOREST PARKWAY  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name WEEDEN, SHARON  
Address 2910 KERRY FOREST PARKWAY  
SUITE D4227  
City-State-Zip: TALLAHASSEE, FL FL 32309

*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:** SHARON WEEDEN

MGR

04/15/2023

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

\_\_\_\_\_  
Date