

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000041338

**Entity Name:** MID CAPE 954, LLC

**Current Principal Place of Business:**

8250 COLLEGE PARKWAY  
SUITE 201  
FT MYERS, FL 33919

**Current Mailing Address:**

1660 S ALBION ST  
SUITE 918  
DENVER, CO 80222

**FEI Number:** 81-5433046

**Certificate of Status Desired:** No

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

LEVAN, TERRIS  
8250 COLLEGE PARKWAY  
SUITE 201  
FT MYERS, FL 33919 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 KRANTZ, GARY  
Address 1660 SOUTH ALBION ST, SUITE 918  
City-State-Zip: DENVER CO 80222

*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:** GARY KRANTZ

**MANAGER**

**02/07/2019**

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

\_\_\_\_\_  
Date