

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000092089

**Entity Name:** MCS PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

3712 PONCE DE LEON AVE  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3712 PONCE DE LEON AVE  
JACKSONVILLE, FL 32217 US

**FEI Number: 82-1372142**

**Certificate of Status Desired: No**

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

NEXGEN ACCOUNTANTS LLC  
3505 SOUTHSIDE BLVD  
SUITE 7  
JACKSONVILLE, FL 32216 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:** FRANCISCO ANDINO

02/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	COLINA AGUILA, SADY	Name	ROJA MEDEROS, LUIS R
Address	3712 PONCE DE LEON AVE	Address	3712 PONCE DE LEON AVE
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217

*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:** LUIS R ROJA MEDEROS

AMBR

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date