

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000217045

**Entity Name:** MACINNES MEDIATION, LLC

**Current Principal Place of Business:**

6129 OBSERVATION CIRCLE  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

6129 OBSERVATION CIRCLE  
TALLAHASSEE, FL 32317 US

**FEI Number:** 83-1735149

**Certificate of Status Desired:** No

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

MACINNES, DOUGLAS B  
6129 OBSERVATION CIRCLE  
TALLAHASSEE, FL 32317 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            AR  
Name            MACINNES, DOUGLAS B  
Address        6129 OBSERVATION CIRCLE  
City-State-Zip: TALLAHASSEE FL 32317

*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:** DOUGLAS B. MACINNES

AR

03/30/2019

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

\_\_\_\_\_ Date