

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000128771

**Entity Name:** MOLICORP, LLC

**Current Principal Place of Business:**

6627 THOMAS DR  
406  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

7623 N 281ST AVE  
VALLEY, NE 68064 US

**FEI Number:** 84-1833476

**Certificate of Status Desired:** No

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

MOLINE, JAMES R  
6627 THOMAS DR  
#406  
PANAMA CITY BEACH, FL 32408 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            CEO  
Name            MOLINE, JAMES R  
Address        7623 N 281ST AVE  
City-State-Zip: VALLEY NE 68064

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:** JAMES MOLINE

CEO

02/06/2020

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

\_\_\_\_\_  
Date