

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000214517

**Entity Name:** MCMS PROPERTIES LLC**Current Principal Place of Business:**15 W SPANISH MAIN STREET  
TAMPA, FL 33609**Current Mailing Address:**15 W SPANISH MAIN STREET  
TAMPA, FL 33609 US**FEI Number:** 84-2928565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCILWAIN, MICHAEL  
15 W SPANISH MAIN STREET  
TAMPA, FL 33609 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 AMBR  
Name AHRENS, MATTHEW  
Address 8903 KEY WEST ISLAND WAY  
City-State-Zip: RIVERVIEW FL 33578

Title AMBR  
Name AHRENS, SARA  
Address 8903 KEY WEST ISLAND WAY  
City-State-Zip: RIVERVIEW FL 33578

Title AMBR  
Name MCILWAIN, MICHAEL  
Address 15 W SPANISH MAIN STREET  
City-State-Zip: TAMPA FL 33609

Title AMBR  
Name MCILWAIN, CRISTINA  
Address 15 W SPANISH MAIN STREET  
City-State-Zip: TAMPA FL 33609

Title AMBR  
Name FORD, KARA  
Address 6325 JACQUELINE ARBOR DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title AMBR  
Name FORD, STEVEN  
Address 6325 JACQUELINE ARBOR DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title AMBR  
Name WARNKEN, REBECCA  
Address 6816 SCENIC DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title AMBR  
Name WARNKEN, MATTHEW  
Address 6816 SCENIC DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

*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: MATTHEW AHRENS****MANAGER****03/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date