

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025913

Entity Name: MCCI, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1696 CAPITAL CIRCLE, SW  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2235  
TALLAHASSEE, FL 323162235

**New Mailing Address:**

FEI Number: 33-1069550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANGFORD, A. LAWTON  
1700 CAPITAL CIRCLE, SW  
TALLAHASSEE, FL 32310 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LANGFORD, A. LAWTON  
Address: PO BOX 2235  
City-St-Zip: TALLAHASSEE, FL 323162235

Title: MGRM  
Name: GRANT, HAROLD E  
Address: PO BOX 2235  
City-St-Zip: TALLAHASSEE, FL 323162235

Title: MGRM  
Name: LANGFORD, GEORGE R  
Address: PO BOX 2235  
City-St-Zip: TALLAHASSEE, FL 323162235

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHELLE S. EAGEN

CFO

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date