


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90078 001 *1,077.50

DOCUMENT # L04000013363					
1. Entity Name MID FLORIDA INVESTMENTS, L.L.C.					
Principal Place of Business 2970 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118			Mailing Address 2970 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118		
2. Principal Place of Business - No P.O. Box # 444 Seabreeze Blvd.		3. Mailing Address 444 Seabreeze Blvd.			
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number NOT APPLICABLE	
Zip 32118		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOVE, WAYNE S 2970 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118			7. Name and Address of New Registered Agent Name Charles D. Hood, Jr. Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd. Suite 900 City Daytona Beach FL Zip Code 32118		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Charles D. Hood, Jr. 08/07/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOVE, WAYNE S 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 XXX Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Charles D. Hood, Jr. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Josif Atanasoski 1800 U.S. 1 North Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Charles D. Hood, Jr., Manager			08/07/08		386-254-6875
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>