

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90285 028 ****50.00

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1. Entity Name

MID-CITY INVESTMENT GROUP, LLC



Principal Place of Business

600 1ST AVE N SUITE 302
ST. PETERSBURG, FL 33701

Mailing Address

600 1ST AVE N SUITE 302
ST. PETERSBURG, FL 33701



03162006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

20-1079463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLARI, GIUSEPPE
600 1ST AVE N STE 302
ST. PETERSBURG, FL 33701

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when running)

Date

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: VILLARI, GIUSEPPE
STREET ADDRESS: 600 1ST AVENUE N STE 302
CITY-STATE-ZIP: ST. PETERSBURG, FL 33701

TITLE: MGRM
NAME: HASELOFF, PETER
STREET ADDRESS: 3137 TEAL TERRACE, STE A
CITY-STATE-ZIP: SAFETY HARBOR, FL 34695

TITLE: MGRM
NAME: DONALD, ALVAN
STREET ADDRESS: 3127 50TH ST. N
CITY-STATE-ZIP: ST. PETERSBURG, FL 33710

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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