

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90169 018 \*\*\*138.75

**DOCUMENT # L06000069889**

1. Entity Name  
**MID PIERCE, LLC**



Principal Place of Business  
**925 SOUTH FEDERAL HIGHWAY  
SUITE 425  
BOCA RATON, FL 33433**

Mailing Address  
**925 SOUTH FEDERAL HIGHWAY  
SUITE 425  
BOCA RATON, FL 33433**

P.O. Box 11224  
Knoxville, TN 37939



01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5236840**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHAPIRO, MICHAEL B ESQUIRE  
7777 GLADES ROAD  
SUITE 400  
BOCA RATON, FL 33434**

**DO NOT WRITE  
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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEVIN, STEVEN
STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY, SUITE 425
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGR
NAME	SCHWARTZ, THOMAS
STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGR
NAME	KAYFAM COMPANY LLC
STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGR
NAME	STEVEN LEVIN, TRUSTEE-STEVEN LEVIN F/T 2000
STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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:** **Steven Levin, Managing Member**

**(561) 948-7100**

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

Date

Daytime Phone #