

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107209

Entity Name: MID-FLORIDA A/C LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1715 FATIO RD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

1715 FATIO RD.
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-5879302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, JUSTIN
1715 FATIO RD.
DELAND, FL 32720 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 () Delete
Name: HALL, MICHAEL
Address: 1715 FATIO RD.
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: HALL, JOANNE
Address: 1715 FATIO RD.
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: HALL, JUSTIN
Address: 1715 FATIO RD.
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: RICHMOND, JENNIFER
Address: 2944 PAOLINI DR
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL HALL

MGRM

01/16/2009

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