

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023664

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** MCCORMICK INDUSTRIAL SERVICES, LLC

**Current Principal Place of Business:**

5151 S LAKELAND DR  
STE 9  
LAKELAND, FL 33813

**New Principal Place of Business:**

710 PRAIRIE MINE ROAD  
MULBERRY, FL 33860

**Current Mailing Address:**

5151 S LAKELAND DR  
STE 9  
LAKELAND, FL 33813

**New Mailing Address:**

P. O. BOX 366  
MULBERRY, FL 33860

**FEI Number:** 59-3312811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLOCK, DAVID D JR  
ONE LAKE MORTON DR  
LAKE LAND, FL 33801 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:** MGR  
**Name:** MCCORMICK, DOUGLAS L  
**Address:** 3123 LEGENDS CIRCLE  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** MRS  
**Name:** MCCORMICK, BARBARA S  
**Address:** 3123 LEGENDS CIRCLE  
**City-St-Zip:** LAKELAND, FL 33803

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:** BARBARA MCCORMICK

VP

01/04/2012

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