

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091064

Entity Name: LCMC, LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10190 SW 100TH STREET  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

10190 SW 100TH STREET  
OCALA, FL 34481

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

BUCHANAN, ROBERT B  
1900 SE 18TH AVENUE  
300  
OCALA, FL 34471 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  
Name: CRANFIELD, MARK  
Address: 10190 SW 100TH STREET  
City-St-Zip: Ocala, FL 34481

Title: MGRM  
Name: CRANFIELD, LOUISE  
Address: 10190 SW 100TH STREET  
City-St-Zip: Ocala, FL 34481

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: LOUISE CRANFIELD

MGRM

04/29/2012

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