

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011407

Entity Name: MD RECORDS, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10380 SW VILLAGE CENTER DR  
PORT SAINT LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 122  
NOLENSVILLE, TN 37135

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGARRAUGH, JASON T  
10380 SW VILLAGE CENTER DR  
PORT SAINT LUCIE, FL 34987 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: MCGARRAUGH, JASON T  
Address: 10380 SW VILLAGE CENTER DR  
City-St-Zip: SAINT LUCIE, FL 34987

Title: MGRM  
Name: MCGARRAUGH, KELLI J  
Address: PO BOX 122  
City-St-Zip: NOLENSVILLE, TN 37135

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: JASON MCGARRAUGH

MGRM

04/30/2012

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